

AN ABSTRACT OF THE DISSERTATION OF

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Urban African American adolescents exhibit high levels of risk behavior, disproportionately high rates of sexually transmitted infections (STIs), and are at risk for acquiring Human Immunodeficiency Virus (HIV). To date, interventions that address the high rates of STIs in this population demonstrate only moderate efficacy. As researchers strive to develop more effective interventions, social-ecological factors and developmental and gender issues are being considered. This study aimed to provide insight into the gendered characteristics of heterosexual urban African American adolescents' romantic relationships, and how these characteristics impact condom use.

From a developmental standpoint, sexuality and romance are a normal part of adolescence. Thus, STI/HIV prevention targeted at urban African American youth can be improved if it considers romantic relationship dynamics, and how they influence sexual health behaviors including condom use. To this end, the current study examined the interconnection among interpersonal relationship factors including monogamy,

commitment, trust, and respect, as well as intrapersonal relationship factors including gender and relationship history. Furthermore, this study examined how these inter- and intrapersonal factors impact youths' condom use behaviors.

This research was guided by the existing literature, theoretical frameworks (i.e., the ecological perspective on health, Rusbult and Buunk's commitment theory, and Rotenberg and colleagues' trust framework), and the "directed perspective" (i.e., lens theory). A qualitative methodological approach was employed to collect data from 52 heterosexual, sexually experienced, African American adolescents (20 females; 32 males) ranging from 15-17 years in age at the time of enrollment. These youth resided in low-income neighborhoods of two large cities in the United States. Data from semi-structured interviews were analyzed using a phenomenological approach. Data analysis took place in four primary stages including: (a) development of case summaries; (b) development and refinement of codes and a codebook, and organization of data using matrices; (c) content analysis and reliability checks; and (d) reviews and critiques by, and discussions with, other research team members.

Numerous themes and subthemes that provide insight into the multifaceted characteristics of urban African American adolescents' romantic relationships emerged. Findings show that study participants' romantic relationships were indeed characterized by gender-specific beliefs and behaviors, but that some beliefs and behaviors were similar across gender. For instance, males and females alike acknowledged positive feelings towards monogamy, trust, and respect, and they considered these dynamics as closely linked. That is, males and females viewed monogamy as indicative of

commitment, and monogamous and committed relationships were those that were trusting and respectful. Youths' relationship experiences, however, contradicted their ideals to a great extent. For instance, despite the finding that males held positive perceptions of monogamy, they often engaged in multiple partnerships. This finding that shows young African American males' often engage in multiple partnerships corroborates other research. Furthermore, these data provide insight into the social pressures experienced by urban African American males that encourage them to engage in multiple partnerships and remain uncommitted. According to the current findings, males' multiple partnerships set in motion a breakdown in relationship dynamics (i.e., lack of commitment, mistrust, disrespect), and thus youth experienced less-than ideal romantic relationships.

Adolescents' less-than ideal experiences subsequently impacted their current and future romantic relationship beliefs and expectations. For instance, because males were frequently non-monogamous, females did not commonly express commitment to or trust in males. Despite this, only a few females talked about breaking up with a partner whom they mistrusted. Males, on the other hand, considered being monogamous and committed when they had negative experiences with being in multiple, uncommitted sexual partnerships.

In addition, relationship dynamics, most noticeably trust (although trust was intricately linked to monogamy, commitment, and respect), impacted condom use. Although adolescents considered condom use important, males and females considered not using condoms when they were with a partner whom they trusted was monogamous

and free from STIs. Furthermore, some male respondents talked about the need to balance the protection that condoms provided with the pleasure experienced when not using them. With casual and mistrusted partners, safety tended to take precedence; with more serious and trusted partners, pleasure tended to take precedence. Finally, these data elicited gender similarities and differences related to romantic respect perceptions. Across gender, respect was thought to be an important dynamic in romantic relationships, and one closely related to monogamy, commitment, and trust. Because beliefs about respect were interrelated with beliefs about other relationship dynamics that impacted condom use, respect may also impact condom use.

The findings of this study suggest that youth have an understanding about how to develop healthy romantic relationships in adolescence and, in turn, healthy romantic relationships in adulthood. That said, respondents had little to no experience with being in healthy relationships. These study findings can help guide future research, and inform sexual health interventions. For example, investigators should explore further males' belief that monogamy is positive, as this belief frequently contradicted their related behavior (i.e., males often had multiple sexual partners). Finally, future interventions, including dyadic-level interventions, should focus on the dynamics of relationships. In doing so, the efficacy of STI/HIV prevention efforts targeted at African American youth may be enhanced.

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What's Romance Got To Do With It? Sexual Health Outcomes of Relationship
Dynamics among Urban African American Adolescents

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Senna Lee Towner

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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Senna Lee Towner, Author

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What's Romance Got To Do With It? Sexual Health Outcomes of Relationship Dynamics among Urban African American Adolescents

CHAPTER I. INTRODUCTION

African American youth, especially those ages 15-17 who are in middle adolescence (Steinberg, 2010), experience high levels of risky sexual behavior, disproportionately high rates of sexually transmitted infections (STI), and are at risk for acquiring Human Immunodeficiency Virus (HIV; Aral, 2001; Centers for Disease Control and Prevention, 2011a, 2011b). Interventions that address the high rates of STIs in this population exist, but are only moderately efficacious (DiClemente, Salazar, & Crosby, 2007). For this reason, prevention researchers are now turning their attention to ecologically, developmentally, and gender focused investigations (Dworkin, Beckford, & Ehrhardt, 2007; Dworkin, Exner, Melendez, Hoffman, & Ehrhardt, 2006; Sclafane et al., 2005). The role gendered beliefs have on sexual cognitions, health behaviors, and romantic relationships can impact sexual health (Dworkin, et al., 2006; Manning, Flanigan, Giordano, & Longmore, 2009). Although new research advances have begun to explore gender beliefs among urban African American adolescents (e.g., Reed et al., 2012; Towner, Dolcini, & Harper, 2012), researchers need to explore further how they impact romantic relationships or influence sexual health. The purpose of this qualitative study was to explore the gendered characteristics of heterosexual urban African American adolescents' romantic relationships, and how these characteristics impact condom use.

There is a dearth of empirical research that explores the linkage between African American adolescent romantic relationship dynamics and sexual health, including condom use. Until recently, research has tended to focus on the prevention of negative outcomes of sex, rather than on sex as a natural part of development (Brown, Feiring, & Furman, 1999). Yet, sexual development is a normal part of adolescence (Florsheim, 2003; Halpern, 2010), and most adolescents have sexual experiences that often involve intercourse (Collins, Welsh, & Furman, 2009; Furman & Shaffer, 2003). When adolescents do not use condoms during sexual intercourse, they are at a heightened risk for acquiring STIs/HIV and spreading STIs/HIV when they are infected (Bauman & Berman, 2005). Thus, condom use is critical to STI/HIV prevention (Guttmacher Institute, 2011). Because urban African American adolescents experience disproportionate rates of STIs and are at high risk for HIV, improved STI/HIV prevention is paramount. This exploration of the dynamics of this population's romantic relationships helped to uncover antecedents to their condom use.

Some research prior to this study had explored condom use patterns among adolescents within different relationship types, but the results are mixed (Manning, et al., 2009). This prior research demonstrates that condom use is greater among adolescents in more serious relationships relative to those adolescents in casual relationships (e.g., Ford, Sohn, & Lepkowski, 2001; Manlove, Ryan, & Franzetta, 2007). On the other hand, evidence that condom use is greater among adolescents in more casual relationships relative to more serious relationships exists (e.g., Ellen, Cahn, Eyre, & Boyer, 1996; Sheeran, Abraham, & Orbell, 1999). These contradictory findings may be partially due to

variation in condom use measurements across studies and demographic characteristics of the samples (e.g., gender, race/ethnicity). Or, relationship dynamics in casual and more serious relationships may explain differences. For instance, in casual relationships, adolescents may not trust or commit to their partner, which may result in an increased perceived need to use condoms for protection (Manning, et al., 2009). Whereas, in serious relationships, adolescents may have mutual commitment and trust, which may lead to ease of conversation around condom use (Moore & Rosenthal, 2006).

The seriousness of adolescents' romantic relationships can vary considerably from one adolescent to the next. Some adolescents experience primarily mutually monogamous relationships, which are typically serious, but others frequently engage with multiple overlapping partners (i.e., sexual concurrency) within relationships that are typically casual (Jennings, Glass, Parham, Adler, & Ellen, 2004; Moore & Rosenthal, 2006; Reed, et al., 2012; Tolman & McClelland, 2011). Although there are differences across adolescents' relationships and their sexual experiences within these relationships, sexual concurrency is common among heterosexual adolescents (Jennings, et al., 2004), including African American adolescents (Kelley, Borawski, Flocke, & Keen, 2003; Kerrigan et al., 2007; Reed, et al., 2012), and especially among heterosexual African American males (Giordano, Manning, & Longmore, 2005; Harper, Gannon, Watson, Catania, & Dolcini, 2004; Kerrigan, et al., 2007; Reed, et al., 2012; Towner, et al., 2012). The literature shows gender differences in heterosexual sexual partnering patterns among African American youth, but these youths' interpersonal romantic relationship dynamics, and intrapersonal factors as they influence romantic dynamics, are understudied.

Research has only just started to uncover some of the interpersonal romantic dynamics and intrapersonal romantic factors of urban African American adolescents (Kerrigan, et al., 2007; Nomaguchi, Giordano, Manning, & Longmore, 2011; Reed, et al., 2012; Towner, et al., 2012), and minimal work prior to this study had explored the association between relationship dynamics and condom use among this population (Kerrigan, et al., 2007). Moreover, the current body of literature investigating African American adolescent relationship dynamics as they relate to sexual health has several limitations. Although literature explores the association between gender and monogamous patterns among African American adolescents (e.g., Kerrigan, et al., 2007; Reed, et al., 2012; Towner, et al., 2012), only one small study explores the interrelationship between monogamous patterns and relationship dynamics (i.e., commitment, trust) (Towner, et al., 2012). Moreover, although Towner and colleagues' qualitative study discovered that respect is an important construct in African American adolescents' heterosexual romantic relationships, no other research has examined respect in this population's relationships and how it influences condom use. Moreover, no research prior to the current study had explored the association between monogamous patterns, commitment, trust, and respect and condom use among urban African American adolescents. Thus, the current research aimed to address this significant gap in knowledge.

The current study built on the existing literature and used the "directed perspective" (Hsieh & Shannon, 2005). Researchers use the directed perspective to guide qualitative studies with a conceptual framework; it does not always include hypothesis

testing. This approach builds on concepts and models recognized in findings from prior work. At the same time, it allows for the emergence of unanticipated concepts and processes. This study used the ecological perspective (e.g., Bronfenbrenner, 1979, 1992; McLeroy, Bibeau, Steckler, & Glanz, 1988), as it considered the interpersonal and intrapersonal factors that may impact condom use. In particular, this study examined how adolescents' interpersonal relationship dynamics (i.e., monogamous patterns, commitment, trust, and respect) and intrapersonal factors (i.e., gender and relationship history) influence condom use.

Purpose and Significance

From a developmental standpoint, sexuality and romance are a normal part of adolescence (Collins, 2003; Halpern, 2010; Steinberg, 2010; Tolman & McClelland, 2011). As such, research (although minimal) suggests that understanding romantic relationship dynamics that contribute to sexual health behaviors, including condom use, may help guide prevention that will enhance the efficacy of STI/HIV interventions targeted at African American youth (Giordano, Manning, & Longmore, 2010; Towner, et al., 2012). This study used the directed perspective (i.e., lens approach) and a phenomenological qualitative approach (Creswell, 2009; Patton, 2002) to examine the romantic relationships of sexually experienced monogamous and non-monogamous 15-17 year old urban African American male and female adolescents (N=52).

The study filled a gap in the research in three ways. First, prior to this investigation no studies had examined specifically how monogamy, commitment, trust, and respect impact condom use in urban African American adolescents' heterosexual

relationships. The current research is significant because it shed light on the linkage between these relationship dynamics and condom use. Second, no previous research had investigated the ways in which respect relates to condom use among urban African American adolescents, and only one small study had examined its association to commitment and trust (Towner, et al., 2012). Therefore, this study was the first to examine this important relationship construct as it relates to condom use among this high-risk population. Third, according to previous research, socio-ecologically based prevention may be most efficacious (e.g., DiClemente, et al., 2007; Dworkin, et al., 2007; Dworkin, et al., 2006). To contribute knowledge that is adaptable to socio-ecologically based prevention, the current research examined the interconnection among interpersonal factors (i.e., monogamy, commitment, trust, respect) and intrapersonal factors (i.e., gender, relationship history), and examined how these factors impact condom use.

CHAPTER II. LITERATURE REVIEW

This chapter contains six sections, each reviewing literature relevant to the current research. The first section describes the epidemiology of STIs/HIV among African American adolescents in the United States, explores the various reasons for the disproportionate rates of STIs/HIV in this high-risk population, and demonstrates the need for socio-ecologically based prevention. The second section of this chapter examines adolescent sexuality and heterosexual romance from a developmental perspective. The second section also explores gender beliefs and norms that result from developmental and social factors and how these gender beliefs and norms influence sexual health. The third section of this chapter explores the literature on the relationship dynamics investigated in this study (i.e., monogamy, commitment, trust, respect). There are subsections for each relationship construct that describe theoretical perspectives on commitment and trust (but not respect, because there is no known theoretical perspective on this construct), the general literature addressing relationship constructs in adolescents, and a discussion specific to African American adolescents' perceptions and experiences with these relationship constructs. The fourth section of this chapter explores the impact of relationship dynamics on condom use in this population, and demonstrates relevant gender differences found in the literature. The fifth section discusses the gaps in the literature and demonstrates a need for the current research. The sixth and final section of this chapter presents the objectives, specific aims, and long-term goals of the study.

Epidemiology of STIs/HIV among African American Youth

The current state of sexual health of youth in the United States demands further public health attention. HIV and STIs impact the health of many individuals, especially minority populations, including African American youth. In 2010, HIV infection diagnoses among African American youth, ages 15-19, were 25 times higher than that of White youth in the same age group (Centers for Disease Control and Prevention, 2011a). Among young adults who are HIV positive, most are infected through heterosexual contact (73% total; Centers for Disease Control and Prevention, 2011a), and many of these individuals may have been infected in middle adolescence (ages 15-17 years of age; Miller, Turner, & Moses, 1990; Steinberg, 2010). Because of testing delays, many individuals who test positive for HIV as young adults may have actually been infected as teens (Miller, et al., 1990). Of those individuals infected during their youth in the United States, most are African American. Young African Americans also experience disproportionate rates of STI acquisition. For instance, in 2009, gonorrhea and chlamydia rates were 21 and eight times higher (respectively) for African American youth aged 15-19 than for their White peers (Centers for Disease Control and Prevention, 2010). African American youth who live in low-income urban areas are at especially high risk for STI and HIV acquisition.

The type of healthcare that youth access in low-income urban neighborhoods may have an impact on STI/HIV epidemiological reports. Public clinics that offer STI prevention, screening, and treatment are readily available to youth living in low-income urban neighborhoods, but private clinics that offer the same services are not (Centers for

Disease Control and Prevention, 2009; Kaplan, Crespo, Huguet, & Marks, 2009). Public clinics, not private clinics, more often report testing results to the CDC, which organizes and disseminates such information. Because private clinics underreport, and low-income African American youth often seek public clinics, which also consistently report to the CDC (unlike private clinics), the CDC's epidemiological data may reflect more highly disproportionate rates of STIs than is actually present for low-income African American adolescents when compared to their peers of other races/ethnicities (Centers for Disease Control and Prevention, 2009). Even with potential reporting bias, however, high STI rates among African American youth are a public health concern (Centers for Disease Control and Prevention, 2009; Kaplan, et al., 2009; Williams & Braboy Jackson, 2005). The following section explores the reasons for urban African American youths' high risk of STIs/HIV.

Why do African American Youth Experience Disproportionate Rates of STIs/HIV?

Research has demonstrated that the reasons for the disproportionate rates of STIs/HIV experienced by African American youth are multifaceted. Bronfenbrenner (1979, 1992; 2006) has demonstrated that multiple environmental factors impact behavior and development, and in turn, behavior and development have an impact on environmental factors. Ecologically founded health promotion programs consider this reciprocal relationship between individuals and their environment. Such programs consider the health status of individuals as it results from a complex interaction between, and interdependence with, factors of influence (McLeroy, et al., 1988; U.S. Department of Health and Human Services, 2005).

McLeroy and colleagues theorized five factors of influence on health behaviors and health, including sexual behavior and sexual health (1988). These include *public policy factors* (e.g., educational systems, sanctioned prevention), *community factors* (e.g., neighborhood structure and economy), *institutional factors* (e.g., city-wide health services availability), *interpersonal factors* (e.g., cultural beliefs, attitudes, and behaviors), and *intrapersonal factors* (e.g., personal beliefs, attitudes, and behaviors). Table 2.1 on the following page provides definitions for the levels of influence. The ecological model is used to explore population-level health problems, such as disproportionate rates of STIs/HIV, through a holistic lens. For instance, using a condom during sexual intercourse may be dependent on an individual's knowledge about and willingness to use condoms (intrapersonal). In addition, the decision to engage in sex with a condom may also be influenced by dyadic relationship dynamics (interpersonal), accessibility to education that provides knowledge about the benefits of condoms (institutional), existing community-wide STI/HIV prevention programs that advocate for condoms and partner communication (community), or a mandatory comprehensive sex education policy implemented in high schools (public policy). The particular nature of the factors of influence varies according to environmental factors, including socioeconomic status (SES).

Table 2.1
Ecological Perspective: Factors of Influence

Concept	Definition
Intrapersonal	Individual characteristics that influence behavior (e.g., personal beliefs, attitudes, behaviors).
Interpersonal	Primary groups and interpersonal processes, including social networks and social systems (e.g., family, friends, peers), that provide social identity, support, and role definition.
Institutional	Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors.
Community	Social networks and norms among individuals, groups, and organizations, which are formal or informal.
Public Policy	Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early diagnosis, control, and management.

Note. Adapted from “An Ecological Perspective on Health Promotion Programs,” by K. R. McLeroy, D. Bibeau, A. Steckler, and K. Glanz, 1988, *Health Education Quarterly*, 15(4), p. 351-377. Copyright 1988 by Society for Public Health Education.

SES is a strong predictor of health, such that lower SES predicts worse health (Adler & Newman, 2002; Williams & Braboy Jackson, 2005). Minority populations that experience low SES also have disproportionately high rates of STIs/HIV (Kaplan, et al., 2009; Williams & Braboy Jackson, 2005). African Americans consistently experience lower SES when compared to Whites, whether SES is assessed by occupation, income, or education (Adler & Newman, 2002; National Center for Education Statistics, 2002, 2007; Rodgers, 2008). For example, African Americans experience unemployment rates that are generally double that of White Americans. The earning wages among African American men are typically 75% that of White men, and African American women earn 85% that of White women (Rodgers, 2008). Among the African American males ages 18-24 with a high school diploma or less and who are not in school or jail, only half have a job (Edelman, 2008). Furthermore, African American youth more often than White youth attend high-poverty schools (National Center for Education Statistics, 2007), and more often live in poverty than their White peers (3:1; National Center for Education Statistics, 2007). In sum, African Americans experience multiple markers of low SES, and low SES is associated with poor health outcomes. This helps explain why African American youth consistently exhibit worse health outcomes when compared to White youth (Williams & Braboy Jackson, 2005; Williams & Collins, 2001). Because low SES is related to poor health outcomes, it is important to understand this relationship.

Individuals living in low-SES neighborhoods engage in early coitus and suffer from its sometimes negative health-related outcomes. Specifically, early coitus is a risk factor for STI/HIV acquisition (Baumer & South, 2001; South & Baumer, 2000). Lack of

employment opportunities in low-SES neighborhoods partially explains why youth living in these neighborhoods engage in coitus early in life. Anderson (1989), who has conducted extensive research with urban and impoverished African American youth, found that a lack of viable and sustainable economic opportunities can prevent youth from attaining financial independence and/or higher education and, therefore, adulthood. The inability to secure employment and success through monetary means, as is traditional, contributes to males and females in low-income communities redefining “success” and “adulthood” (Harper, 2001; Wilson, 2008). Research indicates that males equate success and adulthood to masculinity, which is often in part defined by having sexual prowess (Wilson, 2008), while females may consider sexual activity and motherhood as “grown up,” and a way to help them attain a respected social status (Harper, 2001). Because sexual activity may be perceived as being related to adulthood and success among some youth living in low-income urban neighborhoods, these youth may engage in sexual activity at an early age to feel mature.

Adolescent Development and Heterosexual Romantic Relationships

Adolescence is a time when individuals begin to navigate romantic relationships (Florsheim, 2003). Adolescent romantic relationships may last only a few weeks or months, and are often short-term relative to adult romantic relationships; nevertheless, a critical phase of adolescent development is the formation and experience of romantic relationships, and these relationships influence sexual health (Furman & Shaffer, 2003; Sullivan, 1953). Adolescent romantic relationships influence sexual health because during casual and more serious romantic relationships many youth learn about and have

first-sex experiences (Bouchey & Furman, 2003). Casual and serious heterosexual romantic relationships are the primary context for adolescent sex (Furman & Shaffer, 2003), although the nature of such relationships is understudied, especially the nature of such relationships among African American adolescent populations.

As adolescents develop sexually, they begin to navigate romantic relationships (Florsheim, 2003), and typically have a strong interest in romance (Sullivan, 1953). Collins, Welsh, and Furman (2009) define “romantic relationships” as “mutually acknowledged ongoing voluntary interactions” (p. 632). Yet, “ongoing” is subjective, as adolescent romantic relationships are often evanescent. During adolescence, romantic relationships may last only a few weeks or months, and thus are often short-term relative to adult romantic relationships (Furman & Hand, 2006; Furman & Shaffer, 2003). Even so, by age 16, most adolescents report having been involved in a romantic relationship (Collins, 2003). During the 1940s and 1950s, males relative to females in the United States reported having more sexual intercourse before marriage, but it was much rarer than it is today for either sex to engage in coitus before marriage (Ehrmann, 1959; Lawrence, 2007). Starting in the 1960s, and continuing on to today, social expectations regarding premarital sex have relaxed; more people of both sexes are exploring sexual intercourse earlier in life, before marriage, and often have first sex experiences before the age of 20 (Baumer & Wilson, 1970; Bell & Coughley, 1980; Lawrence, 2007). In the 21st century, approximately 13% of adolescents have sexual intercourse before age 15, and most people have sex for the first time by age 17 (Chandra, Martinez, Mosher, Abma, & Jones, 2005; Martinez, Chandra, Abma, Jones, & Mosher, 2006). By age 19, seven out of

10 adolescents (male and female) have engaged in coitus (Abma, Martinez, & Copen, 2010). Males relative to females in the United States, however, report having more sexual experiences at an earlier age, and before marriage, which has been a historic trend for male-dominated societies (Abma, et al., 2010). Also, in modern times, many individuals are having sexual intercourse with more than one partner before they marry (Laumann, Gagnon, Michael, & Michaels, 1994); these sexual connections may also be romantic.

The romantic experiences of adolescents share some of the same traits of adult romance, but some distinct differences exist (Furman & Hand, 2006). Adult romance has been identified with experiences of elation, high energy, moodiness, attentive focus on and obsessive thinking about a partner, and an expectation to be and stay with a partner (Fisher, 2006). Although adolescents identify with some or all of these same emotions in their romantic experiences, they also identify distinctive experiences. They primarily identify romance with physical intimacy, often starting a relationship with “making out” and later moving to intercourse and feelings of affection, expressed as “love” and through caretaking (Collins, et al., 2009; Furman & Hand, 2006). The typical emotions felt in romantic connections, and the physical experiences, give such relationships intensity that is not felt in platonic relationships. Furthermore, for many adolescents these emotional connections begin to happen at a young age, thus sexual exploration occurs at a young age (Collins, et al., 2009; Furman & Hand, 2006). Therefore, romantic relationships are the primary, but not the only, venue for adolescent sexual development. This means that individuals explore and learn about sexuality and often have their first sexual intercourse

experiences during romantic relationships (Furman & Shaffer, 2003). For this reason, romantic relationships can impact sexual health.

Adolescent romantic relationships with casual and sometimes serious partners have become the primary context for adolescent sex (Furman & Shaffer, 2003). Although pleasures are hopefully experienced by adolescents during sex, risky sex can threaten their health. Romantic relationships are now considered a hallmark of adolescent development, and it is clear that often sexual behaviors are central to such relationships. But understanding the experiences of adolescent romantic relationships is less than straightforward. Various factors can influence sexual development, such as a youth's peers, educational experiences, friendship groups, parents, and romantic partner dynamics. In addition, factors may vary by gender.

Gender and Sexuality

The term "sex" refers to the biological status of being male or female. The term "gender" refers to the socially learned traits of males and females (Galambos, 2004). Maccoby (1990, 1998) theorized that from a young age, children are socialized, and males and females are socialized differently. Gender socialization can influence even the earliest of heterosexual romantic relationship dynamics. Maccoby recognized that, although young children are frequently exposed to adults of both sexes, their peer interactions are primarily with same-sex individuals. Starting in early adolescence, young people spend considerable time interacting with peers of the opposite sex, and often begin to engage in sexual behaviors with individuals of the opposite sex. The different gender

norms that children learn during the time spent with same-sex individuals may influence even the earliest of these heterosexual sexual relationships.

Empirical research recognizes gender differences that relate to adolescent sexual cognitions and behaviors (e.g., Murphy, Rotheram-Borus, & Reid, 1998; Tolman & McClelland, 2011; Tolman, Striepe, & Harmon, 2003). For instance, young males, more often than females, report: (a) liberal sexual attitudes; (b) engaging in sexual activity early in life; (c) sexual experience; (d) the belief that they should initiate sex; and (e) the belief that they should be sexually dominant with their partners. On the other hand, young females, more often than males, report: (a) having sexual experience with older males who may put them at risk for STI acquisition; (b) perceptions of positive sexual norms; (c) the belief that sex and romance are intrinsically related; (d) valuing monogamy; and (e) experiencing criticism for being sexually active (e.g., Goodchilds & Zellman, 1984; Herold & Mewhinney, 1993; Kim, Marmor, Dubin, & Wolfe, 1993; Laumann, et al., 1994; Leitenberg, Detzer, & Srebnik, 1993; Marston & King, 2006). Though such male-female differences have been observed, little research has explored specific belief systems that lead to these general gender differences, or the cultural and social norms that may influence gendered belief systems of adolescents. Investigators are beginning to fill these gaps by exploring the nuances of gendered beliefs, which investigators conceptualize as gender ideologies (Bem, 1993; Tolman & Porche, 2000). Furthermore, researchers are exploring the linkage between gender ideologies and sexuality (e.g., Eyre, Auerswald, Hoffman, & Millstein, 1998; Kerrigan, Andrinopoulos, Chung, Glass, & Ellen, 2008; Kerrigan, et al., 2007; Pleck, Sonenstein, & Ku, 1993; Sclafane, et al.,

2005), and research suggests gender ideologies are a factor in gender differences related to sex and romance, including sexual beliefs and behaviors, and romantic relationship dynamic patterns (e.g., Moore & Rosenthal, 2006; Pleck, et al., 1993; Tolman, 2002; Tolman, et al., 2003).

Relationship Dynamics: Monogamy, Commitment, Trust, and Respect

Most adolescents engage in romantic relationships (Collins, 2003). The interpersonal romantic dynamics that occur in these early relationships may influence adolescents' sexual health. Moreover, relationship dynamics may be very different from one adolescent to the next, and from one relationship to the next, ranging from entirely monogamous, committed, trusting, and respectful, to lacking all of these relationship dynamics. Relationships that lack some or all of these dynamics may put adolescents at risk for STI/HIV acquisition. For instance, adolescents who have multiple overlapping partners (i.e., are non-monogamous) may contribute to the spread of STIs and HIV when STIs/HIV are present in the sexual network (Aral, 2010; Aral, Adimora, & Fenton, 2008; Kretzschmar, White, & Carael, 2010). Moreover, individuals who have one monogamous partner after the next (i.e., are serially monogamous) are at an equal STI/HIV transmission risk level to that of individuals who have multiple overlapping partners (Kretzschmar, et al., 2010). Though research has demonstrated the association between multiple overlapping partners and increased STI/HIV acquisition risk, dynamics within adolescent romantic relationships are still understudied, especially among African American populations. Specifically, researchers have not yet investigated characteristics of monogamous versus non-monogamous relationships, and commitment, trust, and

respect within each type of relationship, among urban African American adolescents. Such romantic dynamics may impact a variety of relationship factors, including the length of a relationship, communication in a relationship, and condom and birth control use. In turn, relationship dynamics may impact the spread of STIs/HIV. To follow, this section explores monogamy, commitment, trust, and respect at length, first generally, then as they relate to adolescents at large, and next as they relate to African American adolescents, and finally as they vary by gender.

Adolescents and Monogamy

Studies have demonstrated that during adolescence, patterns of monogamy differ immensely from one individual to the next and from one relationship to the next (e.g., Carver, et al., 2003; Furman & Hand, 2006). Although some adolescents report being monogamous, and even marriage-bound, others concede to having a high number of romantic partners over a short period of time. Still others report having only one or two sexual partners over the course of their adolescence (Moore & Rosenthal, 2006; Tolman & McClelland, 2011). Adolescents express a benefit from romantic relationships because, when in one, they are not alone and do not need to look for another partner. Yet, some adolescents also express feelings of vulnerability, loss of autonomy, and emotional and material investment while in romantic relationships, and these feelings are not always desirable (Collins, et al., 2009; Furman & Hand, 2006; Giordano, Manning, & Longmore, 2006). Adolescents who feel a loss of their freedom in romantic relationships report being noncommittal (Furman & Hand, 2006); this may contribute to non-monogamous or serially monogamous behavior (Moore & Rosenthal, 2006). Thus, it appears that there is

an association between adolescents' beliefs and feelings about romantic relationships, their commitment levels, and their monogamous patterns. As demonstrated, monogamy is a multifaceted concept and can be especially complicated during adolescence.

Based on the large variation in adolescent monogamy, the current study considered three different types of monogamy: (a) *mutual-monogamy*, which is defined as a dyadic romantic relationship in which both individuals engage only in sexual activities with each other; (b) *individual-monogamy*, which is defined as a dyadic romantic relationship in which one individual is sexually faithful to a partner who engages in sexual activity with one or more other individuals; and (c) *non-monogamy*, which is defined as a dyadic romantic relationship in which one individual engages in sexual activity with more than one other individual, and his or her partner(s) may or may not engage in sexual activity with one or more other individual.

Moore and Rosenthal (2006) suggest that the norm for heterosexual adolescents is serial, mutual monogamy (i.e., having one mutually monogamous partner after the next). Other research has demonstrated the uncertainty adolescents have about their partners' behaviors. Specifically, some young people perceive that they are in a mutually monogamous relationship, but their perceived partner does not acknowledge the relationship, let alone practice monogamy. Using Add Health data, Carver, Joyner, and Udry (2003) found that just over half of all adolescent romantic relationships that occur in school settings are not acknowledged by both partners. Such disparate perceptions between two young people in a heterosexual relationship may be due to some extent to the highly gendered nature of sexuality. And, the highly gendered nature of sexuality has

been shown to be related to monogamy behaviors, attitudes, and beliefs, including those among urban African American adolescents (Canin, Dolcini, & Adler, 1999; Sclafane, et al., 2005; Tolman, et al., 2003; Towner, et al., 2012).

Urban African American adolescents and monogamy. Adolescent heterosexual males of all races/ethnicities, including African Americans, practice monogamy less frequently than female adolescents (Crepaz et al., 2006; Eyre, et al., 1998; Giordano, et al., 2005; Harper, et al., 2004; Kerrigan, et al., 2007; Towner, et al., 2012). Research has found that females are more likely than males to endorse sexual faithfulness, and to believe their male partner is monogamous (2006). Moore and Rosenthal also found that adolescent males, especially African American males, were not frequently monogamous, did not expect themselves to remain monogamous with any one partner, and at the same time expected their female partner(s) to remain monogamous. Eyre, Hoffman, and Millstein (1998), who conducted a qualitative study examining patterns of African Americans' sexual behaviors and attitudes, also found gender-related monogamous patterns. Eyre and colleagues found themes of non-monogamy among males, and monogamy among females. Similar to Eyre Hoffman, and Millstein, Towner, et al. (2012) conducted a qualitative study that examined the sexual lives of African American adolescents. Towner and colleagues also found that males and females have different monogamy tendencies and that generally females are monogamous and males are not. Although numerous investigators came to similar conclusions regarding monogamous behaviors among adolescents, females in Towner, Dolcini, and Harper's study differed from females in Moore and Rosenthal's study regarding monogamy beliefs. Whereas

Moore and Rosenthal found that females were unaware of their males' multiple partner status, Towner and colleagues found that females were well aware that males generally are non-monogamous, but that non-monogamous partners are often the only option because for males, non-monogamy is the norm. There also appears to be dissimilarity between male and female monogamous expectations in African American adolescent relationships (Anderson, 1989, 1992; Anderson, 1999; Eyre, et al., 1998; Harper, et al., 2004).

Young women are sometimes reluctant to describe their sexual encounters as "casual" (1993). Although not all of the females in Moore and colleagues' study were African American, a gender ideal applied to females of all backgrounds: They want to hang on to their reputations, and feel they can do so by remaining faithful to one serious sexual partner. Gendered patterns of monogamy, including African American adolescents' patterns of monogamy, are probably due to a certain extent to gender ideologies. One gender ideology for males in the United States is hegemonic masculinity, which encourages males to exhibit sexual prowess and to have multiple sexual partnerships (Dolcini, Harper, & Coe, 2007; Harper, et al., 2004; Kerrigan, et al., 2007; Towner, et al., 2012). One gender ideology for females in the United States is femininity, which commonly expects females to remain sexually monogamous (Schmookler & Bursik, 2007).

When ideologies are different for males versus females, safer sex practices are potentially threatened in heterosexual relationships. Males who expect their partners to remain faithful but do not expect themselves to make the same vow can have more power

in the relationship (Levant & Pollack, 1995). A female may feel she is unable to communicate with her partner when she has little control in the relationship. Hence, she is powerless to negotiate safer sex practices, including mutual monogamy and condom use. When there is little communication due to gendered power dynamics, relationship dynamics may be strained in other areas. For instance, males and females may not agree on the level of commitment in their relationship.

Commitment

Romantic commitment entails a decision between two people to remain romantically and emotionally loyal to one another (Arriaga & Agnew, 2001). Generally, sustainable romantic commitment involves an interpersonal pledge between two individuals in a dyadic romantic relationship. Less sustainable romantic commitment entails an intrapersonal pledge to stay true to another person, but without a reciprocated pledge (i.e., interpersonal commitment; Arriaga & Agnew, 2001; Rusbult & Buunk, 1993). According to Rusbult and Buunk's (1993) psychological model of commitment, an individual's romantic commitment level relies on four factors: (a) psychological attachment; (b) desire for relationship longevity; (c) intention to stay; and (d) the inability to find another partner who meets his or her needs. When these four factors are high for both individuals in a dyadic partnership, the relationship is often a highly committed one. When one partner in a romantic pair falls short on any of these commitment factors, he or she is not expected to commit to the relationship (Buunk & Bakker, 1997). Research shows that the level of commitment individuals have within a dyadic romantic relationship is associated with coital involvement (Christopher, 2001).

According to early research, when a dyadic adult couple engages in consistent and frequent sexual encounters and/or agrees upon sexual monogamy, commitment levels within the relationship increase (Bell & Chaskes, 1970; Herold & Goodwin, 1981). Other researchers classified couples according to their commitment level, taking into account that variations in commitment levels are nuanced (Christopher & Cate, 1985; Peplau, Rubin, & Hill, 1977). Although Peplau, Rubin, and Hill's work was a two-year longitudinal study, and Christopher and Cate's was retrospective, both studies investigated adult dating relationships and came to similar conclusions. Couples who are "sexually traditional" commit to each other first, and engage in more consistent and frequent coitus later in the relationship (and most often, after marriage). On the other hand, couples who are "sexually liberated" tend to engage in coitus first, and commit to each other later. The researchers also found that some couples fall between sexually traditional and liberated, and their commitment levels vary accordingly. For instance, some couples do not wait until marriage to engage in sexual intercourse, but wait a limited amount of time (at least one month) before initially engaging in sex. These couples generally do not require commitment to be part of the relationship (Peplau, et al., 1977). This examination of the association between commitment and coital engagement and Rusbult's psychological model of commitment demonstrate the variation in commitment across couples. Other research has demonstrated a variation in romantic commitment levels across gender.

Many researchers agree that commitment levels and reasons for committing vary by gender (Asmussen & Shehan, 1992; Christopher & Cate, 1985; Peplau, et al., 1977),

and little research supports a lack of gender variation in commitment (McCabe, 1987; Schmidt, Klusmann, Zeitzschel, & Lange, 1994). Although McCabe and Schmidt and colleagues do not support the notion that commitment is different across gender, both studies are out-of-date and were not conducted with sexual health in mind. Additionally, Schmidt and colleague's (1994) study was not conducted in the United States, so it is not socio-culturally relevant to the current research. Work that has explored the gender differences in commitment have found that, among adults, females, more often than males, evaluate a dating partner's career, potential companionship, emotional support, and similarity of religious values (Asmussen & Shehan, 1992). Other scholars have found that while adult females tend to avoid sexual intimacy and seek emotional intimacy in the initial phases of a romantic relationship, adult males tend to seek sexual intimacy and avoid emotional intimacy early in a relationship (Christopher & Cate, 1985; Peplau, et al., 1977). Gender differences in commitment among adolescents are similar to adult gender differences in that adolescent females, more often than males, want sexual experiences to be connections founded in love and romance, and they want this romance to last (Moore & Rosenthal, 2006).

Because commitment levels for adults and adolescents have been found to vary across couples according to their level of sexual engagement (Christopher & Cate, 1985; Moore & Rosenthal, 2006; Peplau, et al., 1977), heterosexual interpersonal commitment may be difficult to negotiate. Males and females may enter relationships with unmatched emotional and sexual expectations, thus the psychological factors that are necessary for high levels of commitment, including psychological attachment, desire for relationship

longevity, and the will to stay in the relationship, may be low (Rusbult & Buunk, 1993). If there are gender differences in romantic relationship expectations, as research suggests, these differences may strain the general commitment level of the dyadic pair. A theoretical model that applies specifically to romantic commitment among urban African American adolescents is lacking, however. Rusbult and Buunk's early exploration of dyadic commitment provides a general understanding of the relationship construct, but without empirical research with African American adolescents and without a theoretical model that has age and cultural-specific application, more research that explores commitment patterns among this population is needed.

Adolescents and romantic commitment. Jackson (1993) found that adolescents are less inclined than adults to search out, or invest in, long-term and committed romantic relationships or to look for characteristics in a partner that may be suitable for lifelong companionship. Connolly and Goldberg (1999) concluded that commitment levels vary according to age; young adolescents are generally uncommitted, and older adolescents more often commit. Shulman and Scharf (2000) supported Connolly and Goldberg's conclusion, finding that younger adolescents (14 and 16 years old) express being involved in romantic relationships but do not always differentiate brief and casual romance from long-term and committed romance. Younger adolescents may not be committed to their romantic partners because young romance can lack psychological and social depth (Brown, et al., 1999). This lack of commitment, however, may also stem from youths' fear of the restraints committed romantic relationships may put on them (Collins, et al., 2009; Furman & Hand, 2006; Giordano, Manning, & Longmore, 2006).

Thus, a young adolescent's desire for relationship longevity, and his or her intention to stay in a relationship, may be low. Although research supports the notion that both male and female adolescents are romantically noncommittal (at least in their early developmental period), literature also suggests that an individual's level of commitment may be related to his or her gender, and gender variation in romantic commitment may also be present in adolescent relationships, particularly among African American adolescents.

African American adolescents and romantic commitment. The little research that explores African American adolescents' romantic commitment patterns suggests commitment expectations and behaviors that are gender specific (Anderson, 1989; Kerrigan, et al., 2007; Towner, et al., 2012). Towner and colleagues found that young, heterosexual, urban African American females desire a young man who will commit to them sexually and emotionally but rarely do males commit. Still, many young females commit to noncommittal males (i.e., females make an intrapersonal commitment, but without reciprocal commitment). Kerrigan, et al. (2007) found that adolescent gender ideologies expect "strong, Black women" to "stick to one's man." As is the case in adult relationships, differing gender beliefs regarding romantic relationships, including commitment and sex within romantic relationships, can lead to relationship conflict.

Towner and colleagues (2012) and Anderson (1989) found that young African American males rarely express a desire to commit to any one female. Instead, African American males' inclinations are to engage in sex with multiple partners to whom they rarely attach values of love and commitment. As African Americans develop and

transition from adolescence to adulthood, they may carry forward their adolescent romantic relationship behaviors and expectations in young adulthood. For this reason, adolescents and adults alike may be confronted with difficulties in negotiating healthy sex with their partner(s), and consequently may be at risk for STI/HIV acquisition (Noar, Carlyle, & Cole, 2006). Although Towner and colleagues, Anderson, and Kerrigan and colleagues address commitment, scholarly work which explores, in rich detail, the romantic relationship experiences and differences across gender of African American youth is scarce. Other relationship dynamics may play an important role in commitment among adolescents. For instance, an individual who trusts his or her sexual partner may be more inclined to commit to the relationship.

Trust

The research that explores interpersonal trust demonstrates that it is not a straightforward concept (Rotenberg, 2010). Cook (2001) defined interpersonal trust simply as the belief in the reliability of another person, and Rotenberg and colleagues (2010; 2005; 2005) created a general interpersonal trust framework that considers the concept's complexity. The framework includes the following interconnected domains: (a) reliability, (b) emotional trust, and (c) honesty. Reliability refers to the beliefs and feelings (i.e., cognitive and affective) that another person will follow through as expected on each of the three domains above; emotional trust is behaviorally-dependent, implying that reliability is established when others behave as you expect them to; and honesty is behavior-enacting, implying that trustworthiness comes when you behave reliably (Rotenberg, 2010). This framework brings to light not only the complexity of

interpersonal trust, but the reciprocal qualities, which, according to Rotenberg and colleagues, are necessary for trust to come from both partners in a dyadic relationship. In heterosexual romantic relationships, interpersonal trust in all three domains may be difficult to attain given that there are general differences in trust across gender.

Based on this trust framework, female children have been found to engage in honesty more often than males (2009). These findings provide evidence that females' tendency to be trustworthy starts very early in life, inferring that socialization starts very early and possibly that gender norms related to trust also begin early. Few studies have explored the impact that early, platonic trust development has on romantic trust later in adolescence, but there is research to show that these early gender differences in trust may be carried out in adult romantic relationships. In particular, it has been suggested that among low income adult populations, little trust between males and females exists, and this gender mistrust contributes to relationship instability and lower successful marriage rates (Carlson, McLanahan, & England, 2004; Furstenberg, 2001). Thus, some investigators suggest there is a need for further research regarding mistrust and its effects on heterosexual romantic relationship formation and stability, because the Carlson and colleagues and Furstenberg's studies were conducted only with adults who had children and were conducted with a homogenous population (i.e., low-income and adults) (Burton, Cherlin, Winn, Estacion, & Holder-Taylor, 2009; Estacion & Cherlin, 2010). In particular, further research is needed that explores trust in adolescent romantic relationships.

Adolescents and romantic trust. Romantic trust during adolescence has been minimally studied. The limited research that has been conducted suggests adolescents do not endorse trust as an important romantic relationship factor in early years, but that they endorse it in later years (Connolly & Goldberg, 1999; Shulman & Kipnis, 2000). Additionally, findings from a cross-sectional study that conducted qualitative interviews with both partners in heterosexual dyadic relationships, found that when young males trust a romantic partner, they sometimes view their former relationships positively, although males who mistrust their current partner view their past relationships negatively (Shulman & Kipnis, 2000). Shulman and Kipnis's study also found that in relationships where the females trusted the males, the males were less attracted to and less preoccupied with their previous romantic partner(s) (Shulman & Kipnis, 2000). Such findings suggest that the quality of a relationship, including the level of trust within the relationship, may be dependent on the satisfaction with a current partner.

African American adolescents and romantic trust. In adolescent relationships, the importance of trust, and the role it plays in romance, may vary across gender and race/ethnicity in adolescence. One of the only studies exploring gender and trust among adolescents is Nomaguchi, et al.'s (2011) investigation that used longitudinal data from a group of adolescents with diverse SES and racial backgrounds. Nomaguchi and colleagues found that trust levels vary across gender, race, and poverty level. Specifically, African American female adolescents were more mistrusting of their romantic partners than adolescents of other races/ethnicities. In addition, impoverished adolescent males living in neighborhoods with more than 20% poverty rates were more

mistrusting of females, relative to males, living in affluent neighborhoods (Nomaguchi, et al., 2011).

A linkage may be present between these findings and African American males' tendencies to have multiple sex partners. As discussed, multiple partnerships are common for adolescent males, and sometimes males keep their non-monogamous status hidden from their female partners (Towner, et al., 2012). Because most females are commonly monogamous, and some are with non-monogamous males, males may not easily earn females' trust. African American adolescent females, however, are expected to remain monogamous, and they most often are. Towner and colleague's findings related to African American adolescent's trust and monogamy do not help explain Nomaguchi and colleagues' study findings showing that impoverished male adolescents sometimes mistrust females, but it does help explain the findings related to females' mistrust. African American females' tend to be honest, and therefore enact reliable behaviors, but males do not always reciprocate these behaviors. Different trust tendencies between males and females may contribute to a lack of reciprocal trust in heterosexual romantic relationships. Rotenberg and colleagues' trust framework (2010, 2005, 2005) implies that when either partner mistrusts the other, interpersonal dyadic trust is not easily gained in the relationship. When trust is lacking in a relationship, respect may also be lacking.

Respect

In the current study, respect is defined as, "an expression of high or special regard" (Merriam-Webster's Collegiate Dictionary, 2008). Research regarding respect's role in monogamy, commitment, and trust is limited. Moreover, different from

commitment and trust, no model exists that explores the construct of respect as it plays out in romantic relationships. The literature that exists, however, suggests that respect is interconnected with the relationship dynamics, monogamy, commitment, and trust.

Adolescents and romantic respect. As noted in the previous section on trust, Furstenberg's (2001) study, which was conducted with low-income urban mothers and fathers who were unmarried, found that males and females had a general mistrust of each other thus were unlikely to commit to their partners. Their lack of trust and commitment was related to their lack of respect; males felt that females failed to respect them and expected too much of them, and females felt that males were unreliable and immature. Without trust or respect present in dyadic heterosexual romance, Lynch and Blinder (1983) contend that a relationship will not be sustained or "last." They further argue that when there is mistrust and disrespect, the individuals in the relationship are attracted only to parts of the other person, but not the whole. Such relationships are shallow, tend to lack intimacy, and are short-term. Because many adolescent romantic relationships are intermittent and transient, levels of respect may be low. The romantic pair may not be together long enough for each individual to establish respect, as it has been described in the research thus far. Additionally, the ways in which adolescents perceive and define respect may be different from the ways in which adults perceive and define respect. Studies have not directly investigated such a supposition, but qualitative studies conducted with African American youth (Anderson, 1989; Kerrigan, et al., 2007; Towner, et al., 2012) have uncovered respect-related dynamics within adolescent romantic relationships.

African American adolescents and romantic respect. Kerrigan and colleagues' findings provide evidence that African American males gain respect with financial stability, attaining sexual partners, and with emotional and physical toughness. Males "hustled," or made money, in nontraditional ways, such as illegal activities, and having money, regardless of how it was made, was respectable. One young man in Kerrigan and colleagues' study claimed, "Most men in my community gain their respect by hustling or you know, selling drugs on the street, people respect them because they got money" (p. 177; 2007). Males' desire to gain respect through hustling appears to be interconnected to their desire to attract females. In Kerrigan's study, males did not so much suggest that their perception was that females "respected" them when they had money, but males did perceive other males who had multiple sexual partners as respectable and felt that having money was a path to sex partners because "girls love money." Several studies with African American males demonstrate that males with multiple sex partners are viewed as "players," and that players are respected (Anderson, 1989; Kerrigan, et al., 2007).

Although more current research (Giordano, Longmore, Manning, & Northcutt, 2009) did not bring attention to the respect males may feel they gain by being a "player," African American males who identified themselves as "players" endorsed engaging in riskier sex behaviors than those males who did not resonate with the label. Giordano, Longmore, Manning, and Northcutt found that even middle-income Whites and African Americans who engaged in sexual risk-taking identified with the "player" label, but Anderson's (1989) work revealed that living in poverty is a marker for such a self-identity perception and its accompanying risky behaviors. Instead of attaching qualities of

love and commitment to sexual experiences, Anderson saw that young men who live in poverty are encouraged to think of sexual concurrency as a kind of game that is valued (1989), recent research substantiates these findings (Reed, et al., 2012; Towner, et al., 2012). In addition, Towner and colleague's study builds on other findings that relate to respect (Anderson, 1989; Kerrigan, et al., 2007), and highlights males' definitions of respectable romantic relationships.

Males in Towner and colleagues' study considered multiple sexual partnerships as socially ideal, but males in the study also mentioned that, in romantic relationships, communication was central to fostering respectful relationships. Paradoxical to males' ideals of respect, a theme emerged in Towner, Dolcini, and Harper study (as discussed in the "Monogamy" section of this paper) showing that males do not often tell their sexual partners that they have multiple partnerships and instead keep their partnerships a secret. The discrepancy between males' feelings and behaviors may result from the pressures they feel to meet social ideals of respectable males. The literature regarding respect and how it pertains to adolescent African American males in romantic relationships is sparse, but literature is lacking to an even greater extent as romantic respect pertains to females in this population.

Different from the literature regarding respect related to African American males, which focuses primarily on how to gain respect from same-gender peers, the small amount of research that explores respect among females emphasizes the importance females place on respectable males. Towner and colleagues found that African American females thought of respectable males as those who were monogamous and trustworthy.

But monogamous, and therefore respectable, males were rare. Because males sometimes hide their multiple partnership status, and because females desire a respectable and monogamous relationship, but instead sometimes settle for non-monogamous males (Towner, et al., 2012), adolescents may be susceptible to negative sexual health outcomes. Adolescents report using condoms more often when their relationship involves communication (Moore & Rosenthal, 2006). When a male has multiple sex partners without communicating this to any of his female partners, he may be putting all partners in the extra-dyadic relationship at risk for STI/HIV acquisition (Pinkerton & Abramson, 1993). Because respect has the potential to influence sexual health, there is a need to further explore the role of respect, and how African American females perceive it in their romantic relationships, and specifically in relationships that they perceive to be mutually monogamous. Clearly adolescent romantic relationship dynamics are complicated, and have the potential to influence health behaviors.

Relationship Dynamics and Condom Use

The literature on monogamy, commitment, trust, and respect provides strong evidence that the related dynamics in African American adolescent relationships impact condom use. Trust has been shown to decrease condom use, and trust often develops over time in dyadic romance. Thus, the findings that suggest condom use is higher in casual relationships than in long-term, serious relationships for both male and female adolescents come as no surprise (Ku, Sonenstein, & Pleck, 1994; Moore, et al., 1993; Plichta, Weisman, Nathanson, Ensminger, & Robinson, 1992). For some adolescents, perceived monogamy is reason enough not to use a condom (Bauman & Berman, 2005;

Moore, et al., 1993). If adolescents trust a relationship to be mutually monogamous, then using condoms is sometimes considered unnecessary. An adolescent who falsely trusts that his or her partner is sexually exclusive may believe he or she is safe from acquiring an STI (Chapin, 2001; Gallois et al., 1992; Moore & Rosenthal, 2006). As previously discussed, males and females have different expectations and hopes in the beginning of romantic relationships, and these differences may influence their intention to use condoms. Adolescents are often in a relationship that is not acknowledged by both partners, is non-monogamous, and is noncommittal (Carver, et al., 2003).

Many female adolescents in the United States prioritize emotional intimacy over sexual intimacy during the initial phases of a relationship and will sometimes compromise condom use in sexual connections to gain emotional connection (Gebhardt, Kuyper, & Greunsvan, 2003; Tschann, Adler, Millstein, Gurvey, & Ellen, 2002). Older, yet seminal, ethnographic research (1993) that examined the psycho-social benefits of sex without a condom among women, found that for females, sex without a condom is linked to hopes of a mutually monogamous and trustful relationship. For many females, ideal heterosexual relationships are founded in faithfulness and trust, but when these constructs are not part of the relationship, some females pretend the relationship is of the quality they wish for. When a female pretends her relationship is what she wants, she may not insist her partner uses condoms. This, of course, increases a female's risk of STI/HIV acquisition.

Current research (Kerrigan, et al., 2007) with young African American women found a similar theme. Females do not often use condoms during sexual intercourse with

male partners who have concurrent partnerships and thus are at a heightened risk for the dangerous and unintended outcomes of sex. Adolescent males, in contrast to females, have been found to focus more on enhancing their sexual prowess than on protecting themselves from STIs/HIV by using a condom and minimizing sexual partnerships (Kerrigan, et al., 2007). The literature makes evident that, among young men and women, the psycho-social benefits of not using a condom sometimes outweigh those of using one (Gebhardt, et al., 2003; Sobo, 1993).

Although the literature suggests that young African American men and women do not always prioritize using condoms, a more in-depth exploration of the ways in which relationship dynamics influence their tendency to use and not use condoms is needed. Specifically, research that examines the linkage between commitment, respect, and condom use is limited. The current study aimed to fill the gaps in this related research because condoms are critical in preventing the spread of STIs/HIV. When condoms are used correctly and consistently, they are highly protective (Guttmacher Institute, 2011), although the Centers for Disease Control and Prevention recently found that only about 60% of adolescents used condoms at last sexual intercourse (2010). Researchers have identified many perceived and actual barriers to reliable condom use. These barriers include, but are not limited to, inaccessibility issues (e.g., only 5% of high schools in the United States give students access to condoms; Jones, Purcell, Singh, & Finer, 2005), embarrassment of buying condoms (MacDonald et al., 1990), condom negotiation challenges with a partner (MacDonald, et al., 1990), perceived low risk of STI/HIV acquisition (Chapin, 2001; Murphy & Bogges, 1998), use of hormonal birth control and

not condoms (Bauman & Berman, 2005), and trust in a partner (Bauman & Berman, 2005; Moore, et al., 1993). The current study examined intrapersonal (i.e., gender, relationship history) and interpersonal factors (i.e., monogamous status, commitment, trust, respect) that may act as antecedents to condom use.

Conclusion

As described in this literature review, researchers are just beginning to explore the nuances of African American adolescents' interpersonal romantic relationship dynamics (Kerrigan, et al., 2007; Nomaguchi, et al., 2011; Towner, et al., 2012), and research on the association between relationship dynamics and condom use this population is needed. The current study aimed to address this gap in knowledge. The research drew on theoretical concepts from the social-ecological framework, adolescent developmental research, gender theory, and commitment and trust models.

There are sexual cognitions, behaviors, and relationship differences across gender (e.g., Murphy, et al., 1998; Tolman & McClelland, 2011; Tolman, et al., 2003), yet the intricacies of these differences are understudied. Gendered beliefs, ideologies, and norms can influence sexuality and sexual health. This research examined gender themes related to romantic relationship dynamics, including monogamy, commitment, trust, and respect among sexually active urban African American adolescents. Prior to this investigation, these concepts had not been explored in a single study. In particular, the current study focused on confirming the body of literature that has explored monogamous patterns among African American adolescents (e.g., Kelley, et al., 2003; Reed, et al., 2012). Furthermore, it replicated and expanded upon the one small study (i.e., Towner, et al.,

2012) that had explored commitment as it relates to other relationship dynamics. Finally, the current study aimed to provide an in-depth examination of romantic respect within the relationships of this high-risk population because little is known about respect within the context of romantic relationships, or how gender ideologies shape and influence respect. To date, only one small study has explored romantic respect within this population (Gowen, Dolcini, Catania, & Harper, under review), but no studies prior to the current one have examined romantic respect as it is associated with sexual health behavioral outcomes, specifically condom use. In summary, this research aimed to extend the existing research with African American adolescents related to monogamy, commitment, and trust in their relationships, and how the interrelationship of these constructs are associated with condom use. Additionally, it aimed to build upon existing research by examining the role of respect in romantic relationships, including its association to these other relationship dynamics, and to condom use.

Research Goals and Aims

Public health research can work to improve the sexual health of impoverished African American adolescents by gaining a better understanding of their romantic relationships. This qualitative study examined the nuances of sexually experienced, urban African American adolescents' relationship dynamics with a focus on gender, and how relationship dynamics impact decisions to use condoms. The objectives of the study were twofold. First, it examined themes of specific romantic relationship dynamic variables, which included monogamy, commitment, trust, and respect, and described themes of romantic relationship contextual variables, including gender and relationship history.

Second, it examined themes of relationship dynamics and other contextual variables as they relate condom use behaviors in the sample. Specifically, the study characterized African American adolescents' heterosexual monogamous and non-monogamous romantic relationships, the dynamics of commitment, trust, and respect in these relationships, and how these dynamics differ across gender and according to relationship history, and documented variation in condom use. The study participants were aged 15-17 and were from two low-income neighborhoods in San Francisco and Chicago where African American adolescents experience disproportionate rates of STIs and are at risk for HIV acquisition. The study aims were as follows:

Aim 1. To describe gender variation in commitment and trust themes in mutual, individual, and non-monogamous romantic relationships among sexually experienced urban African American adolescents.

Aim 2. To examine themes of trust and commitment, two romantic relationship dynamic variables, as they relate to condom use, a behavioral outcome, within and between mutual, individual, and non-monogamous romantic relationships among sexually experienced African American adolescents.

Aim 3. To describe gender variation in romantic respect themes in mutual, individual, and non-monogamous relationships among sexually experienced urban African American adolescents.

Aim 4. To examine themes related to the association among romantic relationship contextual variables (i.e., gender, relationship history), romantic relationship dynamic variables (i.e., commitment, trust, and respect), and the behavioral outcome of condom

use within and between mutual, individual, and non- monogamous romantic relationships among sexually experienced, urban African American adolescents.

In summary, this qualitative work provided an examination of interpersonal and developmental factors that potentially impact the sexual behavior and health of urban African American adolescents. The long-term goal of this work is to contribute related knowledge that can be used to inform socio-ecologically based STI/HIV interventions for this population. Preventing STI/HIV among African American youth is of critical importance because the future of their communities relies on their health and wellness.

CHAPTER III. METHODS

This work was part of a larger, multiphase investigation called Two-Cities, supported by the National Institute of Child Health and Human Development. The Two-Cities study used qualitative methods and had the overarching goal of examining adolescent sexuality within a broad, social-ecological framework to identify strategies for intervention and to enhance sexual health competency of urban African American adolescents. The investigation's data collection took place in low-income neighborhoods of Chicago and San Francisco, and is examining the associations of gender beliefs and sexual cognitions, behavior, human relationships, and health practices of urban adolescents 15-17 years old. All sponsoring Institutional Review Boards approved the Two-Cities study. Using data from Two-Cities, the current study explored themes related to the association between romantic relationship dynamics (i.e., monogamous status, trust, commitment, and respect), contextual variables (i.e., gender, relationship history), and condom use. This chapter explains the current study's sample population, procedures, and data analysis.

Participants

The participants for the current study were 52 African American adolescents (20 females; 32 males) ranging from 15-17 years in age at the time of enrollment. These participants represented a subsample of adolescents who participated in Phase I of the larger Two-Cities study (N = 82). To qualify for the larger study, participants had to meet the following inclusion criteria: (a) identify their race/ethnicity as African American or

Black; (b) be between the ages of 15 and 17, inclusive, at the time the study screener was administered; and (c) endorse predominant sexual attraction to persons of the other sex.

The 52 adolescents identified for the current study included only those who reported having engaged in penetrative sexual intercourse with a person of the opposite gender at least once in their lifetime.

Study Population: Demographics and STI/HIV Epidemiological Data

The sample population for the larger Two-Cities study, and for the current study, are from neighborhoods of San Francisco and Chicago. These two cities have differences that relate to geographic location and population size, including African American population size. In San Francisco, there are approximately 800,000 residents, and 8% of these residents are African American, whereas in Chicago there are approximately 3 million residents, and 37% of them are African American. The neighborhoods from which participants were recruited for Two-Cities also vary in the percentage of residents who are African American (San Francisco neighborhoods, 53%; Chicago neighborhoods, 93%; City and County of San Francisco, 2011). Although San Francisco and Chicago have differences, they also have similarities that relate to demographic information and made them appropriate study sites for Two-Cities. Specifically, they have comparably high rates of poverty, unemployment, school drop-out, incarceration, and STI/HIV prevalence (City and County of San Francisco, 2006; Chicago Department of Public Health, 2006; San Francisco Department of Public Health, 2007). Although income amount varies by city, poverty afflicts African Americans in both places. In San Francisco, the total population's median income is \$55,221, but for African Americans it

is \$29,640. Chicago's total population median income is \$38,625, whereas, in one of the Chicago neighborhoods where the Two-Cities study is being conducted and where the population is predominately African American, the median income is \$18, 918 (U.S. Census Bureau, 2010).

The STI/HIV incidence rates in Chicago and San Francisco remain high and are disproportionate in Chicago. Chicago's Department of Public Health (2010) reported that in 2009, African Americans made up over 80% of the total gonorrhea cases, and over 69% of the total chlamydia cases. In the same year, the total incidence rate of HIV diagnoses among African Americans in Chicago was 968 per 100,000 compared to 133 per 100,000 among Whites (Chicago Department of Public Health, 2010). In San Francisco, African Americans are also disproportionately affected by STIs. In 2009, they experienced gonorrhea rates that were two times higher and chlamydia rates that were over four times higher than that of Whites (San Francisco Department of Public Health, 2010b). Although HIV does not disproportionately impact African Americans living in San Francisco, the infection still affects the population. In 2009, 13% of the total number of individuals living in the city with HIV/AIDS were African American (San Francisco Department of Public Health, 2010a). Undoubtedly, African Americans in San Francisco and Chicago are significantly impacted by STIs/HIV.

Procedures

Recruitment

The Two-Cities study, and thus the current study, recruited adolescents from three community-based, youth serving agencies from identified low-income neighborhoods in

each Chicago and San Francisco. Adolescents were recruited in one of three ways: (a) directly by the study staff, (b) through a staff agency referral, or (c) snowball sampling. Once an adolescent was identified as a potential participant, he or she was screened for study eligibility by study staff trained on administering the eligibility screener.

Adolescents who were eligible were given more information and invited to participate in the study. Those who agreed to participate were provided assent, and a parent or guardian provided consent.

Interview Process

Eligible adolescents who assented and whose parent or guardian consented to the study participated in individual, semi-structured qualitative interviews. The interviews were administered by highly trained, gender and race-matched interviewers, and took place in a private space at a community agency in one of the two cities. On average, the interviews took between 90-120 minutes. At the end of the interviews, participants received \$40 remuneration.

To monitor and guide the field work, the study staff engaged in frequent discussions throughout the data collection process. The interviews were digitally recorded, de-identified, transcribed verbatim, and checked for accuracy by a member of the study team who was involved in the field work.

Instrument

The investigators (Dolcini, Catania, Harper) developed the semi-structured interview guide used for the Two-Cities study, and from which these data were obtained. Social and ecological factors that may impact adolescent social development and sexual

health were addressed in the interview protocol. Before implementing the interview guide in the field, it was tested on adolescents aged 18-19 (n = 8) in San Francisco and Chicago. This pilot project assessed the time the interview took to administer, its topic order, and its language comprehension. As informed by the pilot interviews, the interview questions were changed when word choice was unclear, or when another more culturally appropriate word-choice was available. The refined and finalized interview protocol elicited information about adolescents' ideas related to romantic and sexual relationships and communication, and the sources from which adolescents gained this information on these subjects. The current study analyzed interview questions that related to social, cognitive, and behavioral aspects of monogamous behaviors and romantic relationship dynamics. In particular, this study examined questions that provided information about youths': (a) descriptions of their various types of romantic relationships; (b) beliefs and behaviors about non-monogamy and monogamy; (c) perceived antecedents to monogamy; (d) descriptions of social norms related to monogamy; and (e) reports of condom use.

The respective Institutional Review Boards for the institutions with which the researchers were associated, and where the field work was being conducted (Oregon State University, DePaul University in Chicago, and Harder + Company in San Francisco), approved the final interview instrument. The full interview guide can be found in Appendix A¹.

¹ The female interview guide is included in the appendix; the male interview guide has the same content with relevant minor changes.

Data Analysis

Two-Cities Study

The Two-Cities study used a qualitative design approach for several reasons. First, qualitative methods have been effective at investigating new research topics in understudied populations (National Institutes of Health, 2001), and some of the constructs being explored in Two-Cities are new. Research also shows that qualitative methods are helpful in gathering information about the nuances of gender beliefs, and how they may influence sexual risk taking behaviors (e.g., Kerrigan, et al., 2007). Furthermore, probing questions used in qualitative research can encourage participants to reflect upon the questions being asked to provide detailed answers, rather than giving short and unreflective answers. For this reason, qualitative rather than quantitative methods are helpful for understanding the ways in which individuals interact with, and live in, their cultural and environmental contexts (Patton, 2002).

Current Study

The current study used a phenomenological approach to guide the data analysis (Creswell, 1998; Patton, 2002). Such an analytic methodology aims to make sense of a population's particular experiences, perceptions, and behaviors. A phenomenological approach is carried out through a multistep process that identifies and confirms the emerging themes directly found in the data (i.e., emic approach), and not as a result of searching the data for specific themes, or of the internal experiences of the analyst (i.e., etic approach; Creswell, 1998).

Data analysis took place in four primary stages. In the first stage of the analysis, the researcher read each transcript in its entirety and created case summaries for the 52 participants. In the second stage, the researcher developed a set of codes and a codebook that were used to organize the raw data into units of text, which were then analyzed. In this stage, the coded data were verified using reliability testing (i.e., consensus coding). The third stage consisted of content analysis, including the comparison of cases, which allowed for same and opposite-gender comparisons and more general cross-case comparisons. In the fourth stage of the data analysis, other investigators central to the larger Two-Cities study provided in-depth reviews and critiques of the emerging themes and patterns in the data; after each review and critique, the primary researcher and the research team discussed feedback and agreed on interpretations. During these four stages of analysis, the data was organized and labeled on printed hard copies of the 52 transcripts, as well as stored electronic files of these transcripts in QSR NVivo software (QSR International, 2002).

The next two subsections of this chapter explain the four stages of data analysis in detail, including a description of each stage's purpose, and an explanation of how it was used in relation to the current study. Although the stages are described in order, the nature of qualitative analysis requires a back and forth process; the information obtained from one stage often informs and refines information from another stage, as was the case in the current study. For instance, in qualitative analyses, reliability testing often informs discussion between analysts that can subsequently result in modified codes and further reliability checks.

Case summaries. As noted, each of the 52 transcripts were read from start to finish by the primary researcher, and based on these readings, case summaries were completed for each participant. In phenomenological qualitative analysis, the purpose of reading the transcripts is to ensure that the researcher has a broad understanding of each participant's experiences, perceptions, and behaviors, and reading the transcripts is a first step to gaining an understanding of the data as a whole. In the case of the current investigation, it was critical that the researcher understood each participant's general romantic relationship experiences, and each participant's perceptions of the dynamics (i.e., monogamous status, trust, commitment, respect) within those relationship experiences, as well as each adolescent's condom use behaviors. The case summaries, which were completed before any of the data were coded, included illustrative quotes; some of these quotes were analyzed and reported in the findings to support themes. Furthermore, the case summaries included notations of material that was relevant to the study and reflected the coders' observations. Case summaries, as well as the notations, assisted in the next stages of the data analysis.

Coding, content analysis, interrater reliability, and team review. Upon completion of the case summaries, the primary analyst reviewed them thoroughly and created initial codes and a codebook based on the data. Codes are defined as labels used for allocating units of meaning to data; particularly, they are applied to the data to identify specific phenomena that relate to the study aims (Miles & Huberman, 1994; Patton, 2002). In the case of the current research, the summaries were coded for units of

text that pertained to romantic relationship dynamics, contextual variables, and condom use.

First, the primary researcher coded a randomly selected 20% of the transcripts (half male, half female) using the initial codebook, which was based on the case summaries. Once these data were coded, the primary analyst organized the data using multiple matrices. The matrices presented the data in columns, and the cases in rows (Miles & Huberman, 1994). Code matrices allow for viewing patterns and themes within the data. In the current study, the matrices covered variables of interest for the study including monogamy, trust, commitment, respect, and gender.

To ensure reliability of the initial codebook, a second analyst applied the coding scheme to 10% of the transcripts (half male, half female), which were randomly selected by the primary researcher. In addition, just as the primary analyst had done, the secondary analyst placed the independently coded data into replicate matrices to determine how reliably the data were categorized by the primary analyst. After the primary and secondary analysts completed their coding processes, and reviewed and compared their independently coded data and matrices, they discussed and then refined the codes (Hsieh & Shannon, 2005).

This process of refining the coding scheme and reapplying the modified codes to the data by the primary and secondary analysts took place three times. With each modification of the codes, the primary and secondary analysts went back to recode the data in the originally selected transcripts (20% by the primary analyst; 10% by the secondary analyst) with the newest codes. At the end of the third round of coding,

discrepancies were reviewed and researchers came to a consensus on codes and a codebook. Using the finalized codebook, which can be found in Appendix B, the secondary analyst coded the remaining transcripts (N = 52). With this consensus coding process, the researcher elicited various viewpoints on the data, and interpretations of the data. In addition, coding by the primary analyst was first completed by hand on printed hard copies of the transcripts, and was then completed using QSR NVivo software (QSR International, 2002). All coding by the secondary analyst was done by hand and was then entered into NVivo by the primary analyst. This two-step process of applying codes facilitated a coding check for the primary researcher.

Upon completion of the data coding, the primary analyst engaged in a third stage of analysis that included charting the coded data, and conducting a cross-case analysis. During the charting process, coded data were examined in the matrices, and then entered into tables organized by patterns and themes that emerged. Furthermore, the primary analyst manually cut apart the tables and then organized different themes into separate piles. The organized tables and separate piles of data by themes served useful in the process of content and cross-case analysis.

The purpose of a cross-case analysis is to identify themes, patterns, and relationships across the cases, allowing for the examination of consistencies and inconsistencies (Miles & Huberman, 1994). Cross-case analysis is critical to qualitative methodologies primarily because it enhances: (a) the generalizability of findings, and (b) the understanding and explanation of findings (Miles & Huberman, 1994). Cross-case

analysis also allows the researchers to better understand the experiences, perceptions, and behaviors of respondents who do not match particular phenomena.

The fourth stage of the analysis, which occurred throughout the content and cross-case analysis, involved a total of four reviews and critiques of the emerging patterns and themes in the data (Hsieh & Shannon, 2005). Using a team approach, the primary researcher and four other research scientists (i.e., Dolcini, Harper, Catania, Timmons) independently reviewed and critiqued emerging patterns and themes. Upon completion of each review, the team members engaged in discussion to identify and confirm novel themes. This team process provided another reliability check of the findings.

Altogether, there was a four-step process to the data analysis of this qualitative study: (a) development of case summaries; (b) development and refinement of codes and codebook, and organization of data using matrices; (c) content analysis and reliability checks; and (d) reviews and critiques by, and discussions with, other research team members.

CHAPTER IV. RESULTS

This chapter provides findings that emerged from semi-structured interviews conducted with sexually experienced African American adolescents living in impoverished areas of two large cities in the United States. The findings illustrate the complexity of these adolescents' heterosexual romantic relationships and how romantic relationship dynamics relate to sexual health behavior. The four main sections of this chapter are as follows: 1) Sexual Health: Monogamous and Condom Use Behaviors; 2), Trust and Condom Use; 3) Ideal Romantic Relationships: Desired Dynamics; and 4) Experienced Romantic Relationships: Inter- and Intrapersonal Factors.

To provide context, the chapter first discusses the sexual health behavior of participants, including monogamous and condom use behaviors. It then describes the findings on condom use as it is impacted by trust; trust plays a major role in adolescents' condom use beliefs and behaviors. Furthermore, trust closely relates to other variables investigated in this study including monogamy, commitment, and respect. Because adolescents' beliefs about trust related to their beliefs about monogamy, commitment, and respect, it is clear that condom use was impacted not only by trust, but also by these other relationship variables. Next and in the third section of this chapter, respondents' beliefs about ideal romantic partnerships are described. Finally, the fourth section describes respondents' experiences with and beliefs about their actual romantic relationships.

Within each of the four sections described above, the chapter presents the salient and subordinate themes that emerged from the data. When appropriate, the chapter delineates themes by gender. Themes and subthemes are supported with illustrative quotes. To ensure participant confidentiality, gender-specific pseudonyms were applied and appear throughout the results. Each participant's pseudonym, monogamous status, and age are provided at the end of quotes.

Sexual Health: Monogamous and Condom Use Behaviors

This section describes the results related to monogamous and condom use behaviors. Although the analysis examined these behaviors within and across the two cities investigated in the larger Two-Cities study, no notable differences in behaviors across cities emerged. Thus, the remaining results examine the population as a whole. Table 4.1 lists the themes related to these sexual health behaviors. Tables 4.2 and 4.3 provide participants' pseudonyms, ages, and monogamous and condom use status.

Table 4.1
Themes for Sexual Health Behaviors

Topic	Theme
Monogamy	More females than males are monogamous
Condom Use	Condoms are important and provide protection
	Males balanced safety and pleasure
Monogamy and Condom Use	Condom use is more important in casual relationships than in serious relationships

Table 4.2
Females' Ages, Monogamous Status, and Condom Use

Pseudonym	Age	Monogamy		
		Mutual	Individual	Non
Females (n=20)				
Latonia	15		S	
Nichelle	15	S		
Whitney	16	A		
Alexis	16		A	
Kayla	16			S
Taylor	16			S
Brianna	17		A	
Trinity	17	S		
Lisha	17		A	
Jasmine	17	A		
Destiny	15		S	
Cora	15	A		
Tessa	15	S		
Hannah	15	A		
Diamond	16		S	
Tina	16		S	
Ronda	16		S	
Syd	16	A		
Shandra	17	S		
Kesha	17			S

Note. "A" is noted when participants "always" used condoms; "S" is noted when participants "sometimes" used condoms. Participants who reported not using a condom one or more times were categorized as "sometimes" using condoms. Condom use status is noted for any reported sexual experience, even when sexual experience is minimal.

Table 4.3
Males' Ages, Monogamous Status, and Condom Use

Pseudonym	Age	Monogamy				
		Mutual	Individual	Non	Unknown	NA
Males (n=32)						
Mathew	15		A			
James	15	S				
Rick	15		S			
Timothy	17	A				
Nathan	17	A				
Elijah	15		A			
Will	15	A				
Tyrell	15			A		
Jamar	15	A				
Leon	16	A				
Joshua	16			A		
Ralph ^a	16					A
Mike	16		A			
Louie	17	A				
Aaron	17			A		
Gabe	17			S		
Ajay	16		A			
Joe	16			S		
Taj	16			S		
David	16	S				
Adam	16	A				
Caden	16			S		
Kevin ^a	16					A
Edward	16			S		
Robert	16	S				
Eric	17	A				
Zeke	17	S				
Landon	17		S			
Harris	17			S		
Isaiah	17			A		
Johnny	17			S		
Anthony	16				A	

Note. “A” is noted when participants “always” used condoms; “S” is noted when participants “sometimes” used condoms. Participants who reported not using a condom one or more times were categorized as “sometimes” using condoms. Condom status is noted for any reported sexual experience, even when sexual experience is minimal.

^a Participant was abstinent in his only romantic partnership, thus monogamous status was not applicable (NA), however, participant used condoms in his only sexual experience.

Monogamy

The findings show that monogamous status varied within and across gender. Some participants reported *mutual monogamy* (i.e., participant was in a romantic relationship in which both individuals engaged in sex only with each other), others reported *self-monogamy* (i.e., participant was sexually faithful to his or her partner and partner engaged in sexual activity with one or more other individuals), and still other participants reported *non-monogamy* (i.e., participant engaged in sexual activity with more than one individual, and his or her partner(s) engaged in sexual activity with more than one individual). Of the 32 male participants, over a third reported mutual monogamy, about one-fifth reported self-monogamy, and approximately two-fifths reported non-monogamy. Additionally, one male participant did not report his monogamy status, and two others were abstinent. In contrast to the males, nearly half of the 20 females reported mutual monogamy, approximately two-fifths reported self-monogamy, and three females reported non-monogamy. Altogether, few females had more than one concurrent sex partner, while a substantial number of males had multiple partners.

Condom Use

As with monogamous behaviors, condom use behaviors varied within and across gender, as demonstrated in Tables 4.2 and 4.3. The study used self-reported condom use measures (i.e., always, sometimes, never); such measures have been shown to be a reliable assessment of adolescents' sexual risk behaviors (e.g., Catania et al., 1986; Catania et al., 1990; Davis, et al., 1998; Slaymaker, 2003). Of the 52 participants, most

acknowledged that condoms were important and provided protection from unintended pregnancy and STI acquisition.

Condoms are important and provide protection. Almost all of the adolescents in this study understood that condoms were needed if they were to remain free from unintended pregnancy and STIs/HIV, but only some reported consistent use. About half of the respondents reported always using condoms, and there was little variation in use by gender. Below are quotes from some of the many adolescents who commented on the importance and need for condoms:

I think condoms important... I really do. (Alexis, self-monogamous, age 16, always uses condoms)

I think that everyone who has sex should use condoms all the time, anytime. If you ain't, you don't have a condom, oh well; you just should not do it. (Destiny, self-monogamous, age 15, sometimes uses condoms)

Condoms are awesome... because they help prevent like diseases and stuff and they also prevent pregnancy... they are very important because I don't want to take a risk with my life or your life. (Brianna, self-monogamous, age 17)

I think if you're going to have sex, most definitely make sure you put on a condom and you're protected... make sure you put on a condom and all that stuff so you don't get any STDs or won't get pregnant... (Anthony, monogamous status unknown, age 16, always uses condoms)

I think condoms... they're useful, and they're needed. They're necessary... (Gabe, non-monogamous, age 17, sometimes uses condoms)

[Condoms] good... they protect you from certain – from diseases that people have. (Edward, non-monogamous, age 16, sometimes uses condoms)

Some of the discrepancy between the value of condom use and actual use may be related to interference with sexual pleasure.

Males balanced safety and pleasure. Some male respondents talked about the need to balance the protection that condoms provided with the pleasure experienced when not using them. With secondary or more casual partners, safety often took precedence, but, with primary and more serious partners, pleasure tended to take precedence. Harris emphasized the pleasure he experienced without a condom, but also the value of using them.

When I use the condom it interfere... when I used a condom with that [main] girl to me it feels better with the condom off, 'cause you're getting all the feeling, but at the same time you don't want to end up having no baby. So I like condoms, I like putting them on, but to me. . . it take the feeling out. . .(Harris, non-monogamous, age 17)

Zeke consistently used condoms with one exception; he did not use a condom in his past mutually monogamous relationship. Zeke's decision to not use a condom was made only after being with his girlfriend for a while:

I mean, you might have more fun without [condoms], whatever, but me personally, I choose to use them, but I did do it one time without the condom, and it felt better, 'cause I was with the girl for a couple of years or whatever, so I just – and I was faithful. . . I got that image from her, so I just looked at it as that, and we did it. (Zeke, mutually monogamous, age 17)

Ajay knew condoms would protect him from acquiring an STI, though using them did not bring much “joy:”

No [I don't like using condoms]. Not really because you don't get that much joy out of it, but... I actually kind of. . . happy that I'm using [condoms] because you know, I don't – like I have. . . less chance of catching something. (Ajay, self-monogamous, age 16)

Regardless of the potential pleasure that would result from not using condoms, Ajay reported always using them and mentioned that, even in serious relationships, he planned

to continue his consistent use: “I told [my girlfriend] that I never going in raw [without a condom], so don’t expect me to.”

In sum, the results showed that males who gave into the pleasure they experienced from not using condoms generally did so with a primary partner, and not using condoms was generally thought to be more acceptable with primary partners, whether monogamous or not.

Monogamy and Condom Use

Among males and females, there were differences in condom use behaviors across monogamous status and by gender. Non-monogamous participants when compared to individually and mutually monogamous participants were less likely to report always using condoms. None of the non-monogamous females reported always using condoms, approximately half of the mutually-monogamous females reported always using them, and roughly 40% of the individually-monogamous females reported always using condoms. Among the males, roughly one-third of those who were non-monogamous reported always using condoms, and about two-thirds of the mutually and individually-monogamous males reported always using them.

The following section presents findings that illustrate the belief that always using condoms in casual, short-term relationships was important, and always using condoms in serious, longer-term relationships was less important. This belief, however, is not necessarily reflected in behavior. As illustrated above, non-monogamous respondents, males and females alike, most often reported inconsistent use of condoms. Despite this discrepancy between beliefs and condom use behaviors, serious, longer-term

relationships were more often trustful, and therefore youth considered condom use less important in these serious relationships. The next section presents this theme and related subthemes that show the linkage between trust and condom use.

Trust and Condom Use

Males and females felt that as trust levels increased in a romantic relationship, using condoms consistently was less important, and that trust was gained: (a) over time, and (b) when practicing mutual monogamy. Respondents also felt the opposing corollary to be true; using condoms was imperative when trust levels were low in a sexual relationship, which was generally the case in shorter-term relationships where one or the other person had multiple sex partners. Additionally, some females expressed their mistrust in male partners who used condoms. Table 4.4 shows the theme and subtheme related to trust and condom use.

Table 4.4
Theme and Subtheme for Trust and Condom Use

Topic	Theme	Subtheme
Trust and Condom Use	As trust increased, condom use decreased	Females mistrusted males who used condoms

As Trust Increased, Condom Use Decreased

With casual sex partners, respondents felt they should consistently use condoms, because they generally did not know a casual partner's monogamous and STI-status. In

relationships that were more serious, however, adolescents' levels of trust were often higher, and thus, some assumed they knew or could accurately guess their partner's monogamous and STI-status. Accordingly, when trust levels were high in a relationship, respondents said that condoms were not as important. For example, Caden did not use a condom when there was mutual trust in a partnership, "... I might not wanna use a condom, but I'm gonna use one anyway... sometimes [a sex partner] don't wanna use them 'cause they trust me or whatever and I trust them" (non-monogamous, age 16). Additionally, Johnny made a decision not to use a condom because he trusted his partner: "We didn't use no condom [one] time... I thought long about it ... I trusted her... trusted" (non-monogamous, age 17). Although Gabe always used condoms, he felt that when he married, he would be in a trusting relationship, and thus would not use condoms, "I think it's gonna be better... to not use condoms when I'm married because I could trust my partner, and I could just... I don't like using 'em, but I use 'em" (non-monogamous, age 17). Harris alleged that he used condoms consistently with his casual partners and not with his "main," who was his most frequent sex partner. Like some other males, Harris hinted at the pleasure he felt when he did not use condoms:

I've been juicing [having sex with] other girls, 'cause the only one I have – the one I don't use the condom with, she was my main girl. That my main main girl. That's the one I really liked... I had sex with her a lot of times, because like when I'm over there in the nighttime, I'm also is going to hit... I was juicing her every day in a relationship. Every day. (Harris, non-monogamous, age 17)

For most males, not using condoms was associated with pleasure seeking and trusting a partner. Joe made no mention of pleasure, however, and agreed that condoms were the safest way to have sex. His lack of use instead was influenced by one of his partners:

Condoms is the right way to have sex. If you don't use a condom you'll never know what you'll end up with . . . you'll probably end up with something that you can't get rid of . . . I like using them, but like back in the past I haven't . . . the reason I didn't use it back in the past is the girl – my other sex partner – didn't want me to use [them] . . . (Joe, non-monogamous, age 16)

Likewise, a few females considered not using condoms in more serious relationships. For example, Trinity had used condoms regularly with past sex partners and only sometimes with her current boyfriend, whom she trusted:

I think condoms is good, but um, like I think people should use condoms, but I feel if you in a real relationship like it's okay if you don't like, but I'm gonna speak for myself, because like me and my boyfriend, we don't use condoms like . . . I feel like that's my real boyfriend . . . if I'm going to be with him, like he going to have to trust me and I'm going to have to trust him . . . (Trinity, mutually monogamous, age 17)

Kesha did not talk directly about trust in relation to her expectation that her partner use a condom. She did, however, allude to condom use decreasing when trust levels increased. Kesha said that if she was with a partner whose STI-status she knew, then she would stop using condoms, but only under such circumstances: “If I been with a person for six months and I know he clean; he gotta go get checked or something. Then I won't use them, but other than that, I use [condoms]” (non-monogamous, age 17). Diamond, on the other hand, said that she always used condoms with her current partner, because, although she was monogamous, she did not trust that he was, and their relationship was not a serious one: “You know, that's why we use condoms, 'cause I don't know if he out there doing somebody else, but that's not for me to ask, 'cause we not official” (self-monogamous, age 16). When trust was mutual, adolescents thought it was acceptable to

forgo condoms. Mutual trust was often lacking, however, because females generally mistrusted males.

Females mistrusted males who used condoms. Data revealed females' general mistrust of males (a salient theme discussed below); several female respondents did not trust that males were or would remain monogamous, even when a partner said this was the case. Thus, when a male partner did not initiate using condoms, females thought he was more likely monogamous. On the contrary, when romantic partners initiated condom use, females suspected non-monogamy. Ronda, who reported inconsistent condom use, was only one of her boyfriend's numerous partners; when her boyfriend initiated using condoms in their relationship, it indicated to her that he was having sex with someone else:

I'd think he's cheating, because if I don't wanna use [a condom], and he do, then I'd think there's something wrong with that. What boy would just be like, "Okay, no, we have to wear a condom," unless he messing around? (Ronda, self-monogamous, age 16)

Similarly, Alexis mentioned that using condoms made her feel like she was a "sideline," or one of her boyfriend's multiple partners: "Us just usin' condoms just make me feel like I'm the sideline. . . but I don't say nothin' about it though. I just use them." (self-monogamous, age 16). Alexis and her boyfriend always used condoms. She mistrusted her boyfriend and also questioned his trust in her and if he would ever trust her enough not to use condoms:

We always use condoms... but I think about... [my boyfriend] don't trust me like. I'm not sayin' that I don't want to him to use a condom, but I'm just thinking like if I told him that I was on the birth control, like would he like not use a condom, like do he trust me enough to really just not use a condom... but it's really nothing wrong with condoms. Like, I use them all the time... (Alexis, self-monogamous, age 16)

Alexis's condom use, and the impact it had on the trust in her relationship, demonstrates the complex linkage between the two. In short, adolescents considered it acceptable not to use condoms in relationships that had mutual trust. But, such relationships were rare, because it was common for males to have multiple partners. Females knew this, so they often mistrusted males. Furthermore, given that it was acceptable to forgo condoms in trusting and monogamous relationships, some females hoped males would not initiate using condoms.

The next section examines the mutual trust and other characteristics that adolescents viewed as part of ideal relationships.

Ideal Romantic Relationships: Desired Dynamics

Adolescents discussed at length their beliefs and expectations for ideal romantic partners, and in doing so, talked about ideal relationship dynamics. Three themes emerged: 1) the ideal male is loving, monogamous, committed, honest, and respectable; 2) the ideal female is attractive, monogamous, committed, honest, and respectable; and 3) ideal partners should follow the Golden Rule: treat others as you wish to be treated. Table 4.5 provides the themes related to ideal romantic relationships.

Table 4.5
Themes and Subtheme for Ideal Romantic Relationships

Topic	Theme	Subtheme
The Ideal Male	Ideal male partners are monogamous, committed, trustworthy, and respectful	
The Ideal Female	Ideal female partners are monogamous, committed, trustworthy, respectful, and attractive	
The Golden Rule	Partners should treat one another as they themselves wished to be treated	Respondents who practiced the Golden Rule were monogamous

The Ideal Male

Although not all females acknowledged monogamy, commitment, trust, and respect when discussing ideal partners, many mentioned at least two or three of these dynamics. Moreover, females valued love and thought ideal romantic partnerships were loving partnerships. Both Latonia and Whitney, for instance, talked about love:

If he [your boyfriend] really loves you, he wouldn't never cheated on you with your best friend. (Latonia, self-monogamous, age 15)

A relationship is based on love and trust and honestly, it's like that. (Whitney, mutually monogamous, age 16)

Kayla worried that a monogamous, respectful, and honest boyfriend was an exception to the norm, but she hoped that in the future she would find a partner who met all of these ideals:

I would probably think that he will probably be cheatin' or something.
So I would want him to like respect me, like and like tell me the truth, and to basically like... I just want him to be respectful and not like lie, not like look me in my face and just tell me a lie. (Kayla, non-monogamous, age 16)

Although Kesha had multiple partners, she too hoped that in the future she would meet a partner who was monogamous, honest, and committed:

And I want somebody that's gonna be able to be with me, and not have 20 other girlfriends – 20 other girls. Like I want him just to be with me... But I mean I want him to be like honest ... you know? And that's another thing. Like you have to be really ready to be in that commitment. (Kesha, non-monogamous, age 17)

Brianna mentioned that remaining monogamous was central to respectful relationships, and she desired a partner who met the same ideal standards that other participants spoke about: “[To go have sex with his friend] that’s the ultimate form of disrespect . . . [My ideal partner] would be respectful, of course reliable, trustworthy, not a cheater . . .” (self-monogamous, age 17). When describing the best possible partners, females placed emphasis on monogamy, trust, and respect, and for the majority of females, physical appearance was not a primary ideal attribute. For instance, Tina discussed her ideal partner as one who was monogamous, and although she mentioned physical appearance, she did not place chief importance on it: “He would be cute, like in sports and stuff. And like most of the boyfriends nowadays, they just want you for sex, he really don’t want that. He really don’t have to have it... And he’s not a cheater” (self-monogamous, age 16). Males, on the other hand, valued physical appearance as a primary trait when describing perfect partners.

The Ideal Female

Males, like females, saw monogamy, trust, and respect as vital for model relationships, but males differed from females in that they also emphasized physical appearance when describing ideal partners. For instance, Will described a female who had multiple sex partners as disrespectful and someone not to be trusted, and this mistrust and non-monogamy he thought resulted in lack of commitment. In addition, Will described specific physical traits when talking about his ideal girlfriend:

[Girls who have multiple sex partners] just disrespectful. You ain't – there's no trust in that relationship. Showing no commitment or nothing at all. That's a very disrespectful thing to do... [And my ideal girlfriend] She's got to have some meat on her bones, you know. Double D bra size. She's got nice thighs. Clear looking feet. Don't matter if she's light skinned or dark. That don't matter. Have nice, long hair. Straight teeth. Breath smell good. Nice eyes. I ain't picky, but that's what I see. (Will, mutually monogamous, age 15)

James described an ideal partner as one who was monogamous, honest, respectful, and who met certain physical standards: “[It's disrespectful] if you cheat on me. [She should be] honest and respectful. Not disrespectful, [no] lies. . . . She's got a nice hairdo. She dress nice” (mutual monogamy, age 15). When Robert described his ideal partner, he also emphasized appearance and monogamy: “My ideal girlfriend would be faithful to me, light-skinned, thick...” (mutually monogamous, age 16). Although partner ideals were stratified by gender, males and females believed that in perfect relationships both partners would follow the Golden Rule.

The Golden Rule

Respondents held the belief that in ideal relationships, partners should treat one another as they themselves wished to be treated. Interestingly, the respondents who

emphasized positive reciprocity in relationships were those who were mutually monogamous. For instance, David wanted his girlfriend to have self-respect and to be monogamous, because he was monogamous: “She would have respect for herself. She would be [monogamous], because that’s what I am” (mutually monogamous, age 16). Louie said that if he gave a relationship everything, a partner should reciprocate with the same: “If you want some love, show them some love too. Like you got to give 100%. They got to give 100% to the relationship” (mutually monogamous, age 16). Leon mentioned that if a romantic partner “wronged” him, he would respond with equal measures, but that if a partner was committed and honest in the relationship (i.e., “kept it a hundred”), then he too would be honest and committed:

I’m trustworthy. I’m trustworthy. I’m loyal, but at the same time I’m just like everybody else. You cross me, I’m gonna cross you. You do wrong to me, I’m gonna do wrong to you. Basically if you keep it a hundred with me I’m gonna keep it a hundred with you. Whatever you do to me, that’s how I’m gonna react to you. (Leon, mutually monogamous, age 16).

Females also valued the Golden Rule. Lisha, for example, emphasized monogamy and reciprocity in an ideal partnership: “Respect, I think, is like no cheating. I mean like we give – like treat me how you want me to treat you” (self-monogamous, age 17). Although respondents discussed the expectation and hope that in ideal relationships positive behaviors (e.g., monogamy, other behaviors reflective of trust and respect) would be reciprocated, respondents also discussed actual relationship experiences in which negative behaviors (e.g., non-monogamy, other behaviors reflective of mistrust and disrespect) were reciprocated.

The next section presents findings that relate to adolescents' experienced relationships and the beliefs that resulted from these experiences.

Experienced Romantic Relationships: Inter- and Intrapersonal Factors

This section examines adolescents' experiences in relationships. Generally, the section shows that adolescents' romantic relationship experiences did not meet their ideal romantic relationship standards. Specifically, the section provides respondents' experience with sexual liaisons, including their experiences with monogamy, commitment, trust, and respect in relationships. Additionally, the section describes the impact of these experiences on adolescents' beliefs about current sexual partnerships and future relationships. This section has six subsections: (a) Characteristics of Relationships are Closely Connected, (b) Relationship Types, (c) Monogamy and Commitment, (d) Trust, (e) Respect, and (f) Relationship History. Each section presents salient and subordinate themes, which are listed in Table 4.6.

Table 4.6
Themes and Subthemes for Experienced Romantic Relationships

Topic	Theme	Subtheme
Descriptions of Romantic Relationship Dynamics	Characteristics of relationships were closely linked	
Relationship Types	Relationship types were dictated by the characteristics of a relationship	<p>Ideal relationships were characterized by all of the following: monogamy, commitment, trust, and respect</p> <p>Marriage and ideal relationships were characterized the same, but youth were uncertain marriage was attainable</p> <p>Girlfriend/boyfriend relationships were characterized by some but not all of the following: monogamy, commitment, trust, respect</p> <p>Casual relationships had one or none of the following: monogamy, commitment, trust, respect</p>
Monogamy and Commitment	<p>Monogamy and commitment were considered together</p> <p>Monogamy and commitment were positive</p> <p>Males viewed monogamy and commitment positively, but experienced social pressures to be non-monogamous</p>	<p>Monogamy was thought to be indicative of commitment</p> <p>Monogamy was viewed as respectful</p> <p>Monogamy was understood to lower chances of STI acquisition and unintended pregnancy</p> <p>Monogamy was considered part of trustful and committed relationships</p> <p>Males kept multiple partnerships a secret</p> <p>Females knew males concealed multiple partners</p>

(continued)

Table 4.6 (continued)
Themes and Subthemes for Experienced Romantic Relationships

Topic	Theme	Subtheme
Trust	Females mistrusted males	Females doubted any male would be monogamous or committed
	Males rarely mistrusted females	
Respect	Language and communication are central to respect	
	Avoiding conflict is respectful	Give males space to calm down
	Females wanted time to make decisions about sex	Some males knew females wanted time to make decisions about sex
	Males expected to be the focus of a partner's romantic affections	
Relationship History	Past romantic relationship experiences impacted current beliefs about, and expectations for, relationships	

Characteristics of Relationships are Closely Linked

Respondents' descriptions of partnerships revealed that they viewed several relationship dynamics as being closely related. The remainder of this chapter supports this key theme along with the other associated themes and subthemes. For instance, adolescents acknowledged different relationships types, and in describing relationship types, they invoked a number of relationship characteristics (e.g., monogamy, commitment, trust, respect). Thus, relationship types were inherently defined by relationship dynamics.

Respondents' views of relationships made evident the theme that relationship characteristics were closely linked. That is, descriptions of monogamy and commitment went hand-in-hand with descriptions of trust and respect (e.g., monogamous and committed boyfriends are trustworthy and respectful). Likewise, when asked to describe certain elements of relationships, adolescents often answered using other relationship characteristics. For instance, in response to the interview question, "What are some of the things a girlfriend might do to show you respect?" James said, "Don't cheat on her... [be] honest and respectful... no lies" (mutually monogamous, age 15).

Relationship Types

The particular characteristics of each relationship dictated relationship types. An understanding of adolescents' relationship types provides insight into relationship dynamic processes. Four types were referenced by adolescents, including, (a) ideal (see prior section, "Ideal Romantic Relationships: Desired Dynamics"), (b) marriage, (c) girlfriend/boyfriend, and (d) casual/sex partner. In this regard, there were few gender

differences. As previously discussed, adolescents defined ideal romantic relationships as those that were mutually monogamous, committed, trustful, and respectful. They viewed marriage relationships as similar to ideal relationships, in which partners were equal, although it was common for adolescents to describe their mistrust of the institution of marriage. Girlfriend/boyfriend relationships were serious but not generally ideal and often had some but not all of the ideal relationship dynamics present. Finally, casual relationships, or sex partners, had one or no ideal relationship dynamics present. The terms respondents used to describe romantic partners for each relationship type can be found in Table 4.7.

Table 4.7
Terms Respondents Used to Describe Romantic Partners and Sex

Relationship Types and Sex Terms	Terms for Partners and Sex
Ideal	husband, wife, main
Serious	boo, boyfriend, girlfriend, boyfriend 1, main, hubby, husband, wifey, wife, lover, my man, partner, my girl, my guy
Casual	bus, bitch, boyfriend 2, other dude, buzz, buzz down, companion, dip, friend with benefits, sideline, side boyfriend, side girlfriend, sideline ho, ho, stain, slut, whore, f . . . buddy, gutter, gutter bitch, one night stand, mistress

Note. The majority of respondents who used terms categorized under casual romantic partners were male. Female respondents had few terms to describe casual partners (i.e., boyfriend 2, other dude), and infrequently used these terms.

Timothy, Tyrell, and Syd described the difference between girlfriend/boyfriend and sex partner relationships:

[A] girlfriend is someone you can talk and like, yeah, someone that you want to be with..." and "[A sex partner] you don't really care about that stuff, like honest and stuff like that... but if you was like in a relationship then it would be different. (Timothy, mutually monogamous, age 17)

Your girlfriend 's your girlfriend. You gonna be with her at the end of the night. This other girl, you get to do the dirty with, basically, you know? (Tyrell, non-monogamous, age 15)

[There are] different levels of commitment . . . you [can have] a main boyfriend and then you have people you just talk to... friends with benefits . . . to keep your mind off of boyfriend number one . . . you don't let them know about each other. . . with your boyfriend it's . . . more romantic, and with just somebody your talk it's like a one-night stand . . . you're just doing it because you want to have sex. Not because . . . you love him or something. (Syd, mutually monogamous, age 16)

Landon and Nichelle described aspects of marriage:

[Marriage is] if you dedicate your life to somebody who you say you love and right down in front of your preacher . . . [if] they turn around and have sex with somebody else that's . . . a sin . . . If you do that, they divorce and the next person you try to get with . . . won't deal with you because you cheated . . . So, it just, a cycle . . . (Landon, self-monogamous, age 17)

[In marriage] you have equal rights something like you split everything into half . . . equal opportunity. (Nichelle, mutually monogamous, age 15)

The next subsection examines adolescents' experiences in relationships and the related beliefs about relationships.

Monogamy and Commitment

Adolescents considered monogamy and commitment together and talked about both using positive terms. They thought of monogamy as virtuous for multiple reasons, including that it was indicative of commitment. Although males and females believed monogamy and commitment were positive, not all participants practiced monogamy, and few reported being committed to one partner. Also, related gender differences emerged. In particular, most males did not expect or want to be monogamous or committed any time soon. Most females, on the other hand, desired a committed and monogamous relationship now and in the future.

Positive monogamy and commitment beliefs. Adolescents provided three reasons for thinking monogamy was good practice. First, they believed that monogamy was the respectful approach to romance; second, they believed monogamy lowered their risk of acquiring an STI; and third, adolescents thought monogamy was indicative of a trustworthy and committed relationship – two characteristics they also thought of in a

positive light. For example, although Taj had more than one sex partner during his one relationship experience, he felt strongly that males should not have multiple partners because it was disrespectful, and, if a male told a partner he was monogamous when he was not, this gave the impression he was committed when he was not:

Like going around having a different type of sex partner [is disrespectful] even though you told the girl that you gonna be committed with her in this relationship and you go out having sex with another person doin' this and that, and that he feel that he should have sex with other girls and she shouldn't. (Taj, self-monogamous, age 16)

Cora also emphasized monogamy as being respectful when she said: “[Females show disrespect to their boyfriend when they] cheat on them...” (Cora, mutually monogamous, age 15). Isaiah and Trinity mentioned concerns with contracting an STI if a partner was non-monogamous. For this reason, both thought having only one sex partner was important. Furthermore, Trinity stated that when people have other partners, they should use a condom:

Yeah, [it's important she only has sex with me] because she'll probably run into a teenager like me with a disease, and she'll bring it back to me, and I'm gonna get mad... (Isaiah, non-monogamous, age 17)

Because you don't want your boyfriend bringing you home nothing like STD's or just knowing he was laid up with you and now he's coming to be laid up with you... They're nasty, and if they do have this, because I'm staying, people they going to do what they want and they might not intentionally do it, but if it happened it happened, but if they cheating with somebody else, at least know to use a condom, you know. (Trinity, mutually monogamous, age 17)

Adam also mentioned his concern with acquiring an STI when a partner was not faithful, and he felt that non-monogamous females could not be trusted:

[Girls who have lots of sex partners besides their boyfriend] are the ones you can't trust . . . Because she probably bring something [an STI] back to you. (Adam, non-monogamous, age 16)

Similarly, Whitney felt that monogamy in part contributed to a trusting relationship:

The boy got to be trust you think it's real and stuff like that. He got to actually like you, you know, because some boys, they be using you. They don't care about you. They probably got a whole another girlfriend who is actually their girlfriend, their wife and things like that. (Whitney, mutually monogamous, age 16)

In turn, adolescents also perceived commitment positively, because it suggested a relationship was mutually monogamous. A few of the males expressed a desire to be in a monogamous and ideal relationship in their current romantic experiences, but most males wished for this only in the future. For example, Anthony had no desire for his current relationship to be monogamous or committed, but he described a future marriage relationship as one that would be so:

When you have a wife, you're committed to that one woman until you perish. That's how it is with a wife. You know. I don't think that you guys should be cheating or anything like that. That's not right. (Anthony, monogamous status unknown, age 16)

Mathew mentioned that he did not want to be monogamous, because that would mean he would need to be committed:

One girlfriend... I mean, I talk to females. I don't really go out with females. If you go out with them, that's making like a commitment. Like I can't cheat on you. (Matthew, non-monogamous, age 15)

Rick and James, who were exceptions to most males' desires, wanted their current relationships to be monogamous, and thus, committed:

[I expect my girlfriend to have sex with only me] because she's my girlfriend. That comes with the commitment. If you're going to have sex with somebody else then we shouldn't go out. (Rick, self-monogamous, age 15)

Because if I'm your boyfriend, then you shouldn't be having – if you didn't want me to be your boyfriend, then you should have said that. Because if we're having sex, and then we get in a committed relationship and you have sex with somebody else, then we ain't in no committed relationship. (James, mutually monogamous, age 15)

Females also considered commitment a reflection of monogamy, but, unlike males, females desired mutual monogamy and commitment in their current and future relationships. For instance, Alexis said that having sex only with one partner was important, because it reflected what she identified as a true romantic relationship. A truly romantic relationship would be long-lasting (i.e., committed):

[Monogamy is] important 'cause... if you want to be in a relationship with somebody period, you basically saying, you go dedicate your whole time with them and nobody else. And that's why it's called being in a relationship . . . (Alexis, self-monogamous, age 16)

Kayla emphasized the importance of commitment in relationships, but thought that monogamous and committed relationships were possible only in marriage, and that marriage relationships were loving relationships:

If you're married to them then that's how you know he really love you and he not just gonna do it to you [have sex with you] and then leave you. Or just have a baby by you and then just leave you. Like he really love you because he asked you to marry him... girl mature faster than boys. So it's like we serious [about relationships] they ... not all that serious. (Kayla, non-monogamous, age 16)

Ultimately Kayla wanted a monogamous and committed relationship, as did most females. Such relationships, however, were difficult to find, because males were rarely

monogamous or committed. The social pressures put on males to have multiple partnerships and remain uncommitted were strong.

Males balanced beliefs and social expectations about monogamy and commitment. Although males viewed monogamy and commitment positively, they were under pressure to have sex and to have multiple partners. Additionally, they were expected to avoid romantic commitment. Caden, for example, described how a male would be treated if he did not have sex with multiple females:

[People] treat [a guy who doesn't have a lot of sex partners] bad. They'll keep talking about him and making the situation worse . . . [and] I don't have girlfriends. I have friends with benefits, where they probably think they're my girlfriend but they're really friends with benefits . . . (Caden, non-monogamous, age 16)

Similarly, Anthony described his perception that males were expected to remain non-monogamous. But Anthony also described his knowledge that having multiple partners was risky:

Well, in the community nowadays, [guys who have lots of sex partners besides their girlfriend is] kind of what you try to do. That's kind of what you're there for. But I mean, they're most likely probably going to get a disease . . . (Anthony, monogamous status unknown, age 16)

Harris expressed the pressure he felt to have sex with a new romantic partner, and when he did not, his peers accused him of wanting a committed relationship, which they discouraged:

Yeah, like, say for instance you was dating a girl, they want you to be havin' sex with the girl, but within the week that you datin' the girl . . . it was like, 'Oh, so you're gonna have sex with her yet?' And I'm like, 'No.' And then there's like, 'Boy you crazy, you trying to wife her already.' And I'm like, 'You talking about wife and stuff and it's only been a week.' (Harris, non-monogamous, age 17)

Although James was in a mutually monogamous relationship, he said males who had other sex partners considered themselves “players,” and that having sex with more than one partner concurrently would allow them to remain uncommitted:

I'd say [guys who have lots of sex partners besides their girlfriend] what they're doing. They're a player. They think they're players. . . They think that they ain't going to let one girl tie them down. (James, mutually monogamous, age 15)

Males experienced pressures to have multiple partners, and, again, many did. But males also felt the need to keep their multiple partnership status a secret from their female sex partners. For instance, Harris said, “. . .if you gonna [have multiple sex partners] at least . . .try to keep it on the side or something, don't let her know because she could be hella mad” (non-monogamous, age 17). Despite males' secrecy, a few females knew or suspected their partners were non-monogamous, and said males' secrecy was common. For example, Alexis was suspicious of her partner's monogamous status:

[Males] Like cheat on you stuff like that. And they think you don't know about it, but when you really do when you bring it up to them and they lie about it. I hate that. . . I think most guys gonna do what they do regardless. If they love you even if you got his baby. . . what-ever he feel like doin' he's gonna do it. Like you could tell him not to do it, but if you tell him not to do it, he gonna do it on the low [in secret]. (Alexis, self-monogamous, age 16)

Additionally, as discussed in the next subsection, the results showed that the expectations put on males to have multiple partners, and the secrecy around males' multiple partnerships, contributed to females' general mistrust in males.

Trust

As discussed earlier, males and females considered trust imperative and valued it in romantic relationships. Most females, however, expressed general mistrust in the other gender, while only a few males expressed mistrust in females.

Females mistrusted males. It was common for females to feel uncertain that any partner would remain monogamous or committed. Nichelle, for instance, mistrusted her current romantic partner, whom she did not call her "boyfriend" because she was unconvinced he was monogamous:

We're not in a relationship because he can't get over his ex and I feel as if I don't want to be in a relationship with you if I gotta worry about you [having sex with someone else]. I don't trust him. I love him, but I do not trust him... I was going to trust you and then [males] just bring problems to me. So I'd rather isolate myself from the relationship like that. (Nichelle, mutually monogamous, age 15)

Latonia expressed her general mistrust in males, and believed most of them had multiple sex partners. Latonia also thought that, unlike males, females who had multiple partners were shunned:

All of them think they just have hoes. That's what they call them... they have a whole bunch of girls... it's okay for boys to talk to a whole bunch of girls, but it's not okay for the girls to talk to whole bunch of boys. (Latonia, self-monogamous, age 15)

When asked about her boyfriend's monogamous status, Latonia stated that, "He told me no [he doesn't have sex with anyone besides me] but that's what he say." Latonia's

mistrust in males extended to her perceptions of marriage, as she did not trust that a husband would remain monogamous:

I think they still [have other sex partners]. Even though they're married. Maybe their wife don't want to have sex with them or something like that, or for instance, older men, when they get – start taking Viagra and stuff, and their wife don't want to do it, then they'll probably start going out and cheating and stuff. (Latonia, self-monogamous, age 15)

Aaron, one of the few males who expressed awareness of females' mistrust, told his main partner that she was his only. Yet his partner still felt he had other partners at least in part because Aaron used condoms:

I be telling her. We always argue over it 'cause she always thinks I'm cheating. I don't know why she thinks I'm cheating, but I don't know. Oh, that what she – she be saying, 'Oh, you're only using a condom on me because I'm just a sideline.' Come on. You're tripping. (Aaron, non-monogamous, age 17)

Although females were explicit about their mistrust in males, males did not share the same gender mistrust.

Males rarely mistrusted females. Although few males described an outright mistrust in females, two males did describe mistrust. Ajay did not trust females' monogamous behaviors, and Anthony did not trust females' sexual intentions. Ajay's ex-girlfriend cheated on him, which influenced his general mistrust of females and his cautious approach to new romantic relationships:

The ex is crazy, you know. She never believed me. She was cheating. You know, I was being faithful, but she showed me how you can't trust everybody you see. You know, they've got to earn that trust. Don't just trust them because they're your girl and all. (Ajay, self-monogamous, age 16)

Anthony thought that females who had sex also wanted a serious and committed relationship, which he did not want:

That's how it is. I think girls, they kind of view it like if I'm going to have sex, I want to have it with the right one, to make sure he has my baby, and I can pretty much drag him down with me like all my life. (Anthony, monogamous status unknown, age 16)

Although Anthony expressed little interest in being in a serious and committed relationship, he knew that females did not often trust males, so for him, gaining a girlfriend's trust was important, and this meant being reliable: "I just want to let them know that I'm going to be the man that they can depend on." Anthony wished to be a reliable partner. Nonetheless, he seemed to have little to no intention of practicing what females expected of reliable partners.

Most males made no mention of a general mistrust in females. Several females, on the other hand, mentioned a general mistrust in males, because males were known to have multiple partnerships and remain noncommittal. Again, monogamy, commitment, and trust were closely linked.

Additionally, adolescents reported respect to be closely linked to these other relationship characteristics.

Respect

Findings on respect revealed four themes: (a) language and communication were central to respect, (b) avoiding conflict was respectful, (c) females wanted time to make decisions about sex, and (d) males expected to be the focus of a partner's romantic affections.

Language and communication. For the majority of adolescents, respectful relationships were in part cultivated by not using offensive language towards a partner. Respondents highlighted the importance of calling a partner by his or her given name and not using negative terms, such as “bitch” or “ho” (i.e., “not calling out a partner’s name”). The adolescents also underscored the importance of talking courteously to a partner without using negative language. Below are illustrative quotes from some of the multiple participants who reinforced the significance of calling a person by his or her correct name and avoiding negative language in general:

Call you out your name, like the b word... I hate that, a boy call you a bitch. Talk to other girls and disrespect like – in a sexual way like girls don't like when boys tell 'em, you know, to go down, that's disrespectful. (Jasmine, mutually monogamous, age 17)

To respect your boyfriend is... not to call him out his name... (Tessa, mutually monogamous, age 15)

[When you respect a girlfriend] don't tell [her] to shut up, don't talk to them like rude, like shut up bitch, none of that stuff. (Joshua, non-monogamous, age 16)

[Respect is] like call her a name or something... but it's just basically dealing with the language that you talked to your girlfriend. (David, mutually monogamous, age 16)

Avoiding conflict. Also important to respectful relationships was avoiding physical and verbal conflict and violence, as described in the following quotes:

I'm not saying [he should be] a softie. Like you got that rough side, but not like call me a bitch and a ho and come here bitch and grab me by my hair, no you can't ever do that, period. (Diamond, self-monogamous, age 16)

[Being disrespectful] is slapping her, putting [your] hand on her and all that stuff. (Mike, self-monogamous, age 16)

If [you] treat her bad, like hit her. That's like the most sign of disrespect that you hit a girl. (Ralph, abstinent, age 16)

Some females alluded to their boyfriend's tempers, and although it was unclear if the anger was directed at them, it was clear that giving boyfriends space to calm down was a way to mitigate this anger. For instance, Latonia emphasized the importance of contributing to her partner's happiness and giving him space when he was upset:

Make him happy whenever I can, or like make sure like when he's mad, then be respectable. Let him have his time. (Latonia, mutually monogamous, age 15)

Brianna also mentioned the need to give her boyfriend space:

If he's . . . in like a really, really bad mood, and he's like I don't wanna be bothered . . . well I'll just talk to you later. Like you know like giving him, like everybody needs their own space and for someone to respect their space you're respecting the person. (Brianna, self-monogamous, age 17)

Ajay was the only male participant who mentioned the importance of giving his girlfriend space, though it was not obvious if he gave her space because she was angry:

Like when she says stop doing something, stop it . . . Don't sit there and keep messing with her when she wants to be left alone and all that . . . Give her space when she wants it . . . (Ajay, self-monogamous, age 16)

Although males and females had some of the same respect standards, they also had distinct and gendered expectations about respect.

The respectful male. Several females said that if males were to respect them, they should be patient with females' decisions about having sex. Furthermore, males who

were respectful did not pressure them to have sex. The following quotes are from some of the females who stressed the importance of having time to decide about sex:

Like if you can't respect my decision [to wait to have sex] then we don't need to be together that's part of respect. And if you don't want to wait for me then you ain't going to be able to wait for a whole lot of other things. (Whitney, mutually monogamous, age 16)

Respect[ing] like my opinions. . . Like if he wants to have sex and then I feel like no, I want to wait, I want him to say okay and don't go have sex with somebody else like actually wait for me. (Kayla, non-monogamous, age 16)

Understand where I'm coming from. So I would expect him to understand where I'm coming from and I would expect him to respect my decision... [if] I'm not about to have sex with you. I don't want to , and you should respect my decision. (Destiny, self-monogamous, age 15)

A person that's responsible, that's very considerate of my feelings and willing to respect me and my wishes and my body. (Tessa, mutually monogamous, age 15)

Some males understood that being patient with females' decisions was important for gaining their respect. For instance, Ralph said that to respect a female, he should call her by her given name, avoid physical violence, and value her decisions. Ralph did not, however, reference his need to respect a partner's decisions about sex. He referred only to general decisions:

Never call out her name; don't put your hands on her. And always like her decisions – just cherish her decisions that she make. (Ralph, abstinent, age 16)

Ajay, on the other hand, mentioned the importance of not pressuring a female to engage in sex:

Disrespect is like calling her a name like you b... Take all girls by their name and stuff. Forcing them to do stuff, that's disrespectful, too. Don't force them to have sex or nothing like that. (Ajay, self-monogamous, age 16)

Males, unlike females, underscored respectful girlfriends as those who did not communicate with, or have sex with, other males.

The respectful female. Contrary to females, males thought that a respectful female should talk to no other male but her boyfriend. Females understood this expectation from males. Although youth called sexual intercourse "talking," in this context, they used the term to reference sexual intercourse and verbal communication. Aaron said that he worried his friends would become romantically interested in his girlfriend, and that she would eventually cheat on him if she engaged in verbal communication with them:

I don't like my girlfriend talking to none of my friends... That's how stuff happens. You start letting her talk to your friends. They start liking her, she starts liking them, then they start going behind your back. By avoiding all that, I just don't want her talking to none of 'em. (Aaron, non-monogamous, age 17)

Taj and Kevin were two other males who brought attention to this aspect of males' respect expectations:

Respect is like... don't let any other male try to come at you or take – take her away... (Taj, non-monogamous, age 16)

Like talk to other boys in front of you, like that she actually talked [had sex with]. (Kevin, abstinent, age 16)

Overall, these data elicited themes that show the complex and multifaceted nature of respect in adolescents' romantic relationships. Moreover, the results show that respect, monogamy, commitment, and trust were central characteristics of adolescents'

relationships. The sixth and final section of this chapter presents the effects adolescents' romantic experiences had on their related beliefs and expectations. This final subsection integrates the findings presented thus far in the chapter.

Relationship History

Adolescents' past romantic experiences and expectations impacted their current beliefs about, and expectations for, future partners and relationships. This section provides illustrative quotes that demonstrate this finding.

Females' difficulties finding partners who met their ideals led them to mistrust males and made them hesitant to commit. For instance, Brianna was monogamous and, although her partner claimed monogamy, she was uncertain if he was telling the truth. For her, an ideal relationship would be an honest and mutually monogamous one. But because this ideal was not met, she kept her options open:

I'm not for sure [if he is having sex with anyone else] cause I'm not with [him] all the time... my boyfriend, it's not like we're trying to get married in a couple months or something... I'm looking for – like I have this whole checklist. It's just that I'm looking for someone and if they didn't work out, cross em off the list, go to next person. If they have the same qualities, cross it off the list cause it didn't work out with the last person... and [guys] have feelings but girls have more of a feeling... (Brianna, self-monogamous, age 17)

Syd had two partners but was not having sex with either of them. She had no desire to commit to either partner because of her prior experiences, which led her to believe that most males used females only for sex and did not commit:

I don't let nobody take advantage of me. I don't let nobody pressure me... since I'm tired of committed relationships because all the boys act the same, so I call myself having friends, and dating, but I don't have no sexual intercourse with none of them. . . (Syd, mutually monogamous, age 16)

Diamond expressed little interest in ever getting married, because, for her, mutual monogamy and commitment were imperative for marriage, and she did not want to risk having a non-monogamous husband:

That's why I don't want to get married, because I'm going to be too committed and I don't want anybody cheating on me, so and I'm not going to cheat, so no. You should not cheat if you in a marriage. (Diamond, self-monogamous, age 16)

Furthermore, Diamond avoided using the term "boyfriend" in her current relationship and used casual terms instead. She had low expectations about the relationship with regard to commitment and monogamy:

The boy I'm with right now, he's not my boyfriend... to save the complication... 'cause I don't know if he out there doing somebody else, but that's not for me to ask, 'cause we not official. But we mainly do it like that to save the complication of a boyfriend and girlfriend, so we more of companions with sex. So, that's good, simplest thing I could ever want to do... (Diamond, self-monogamous, age 16)

While females' relationship experiences led them to enter new relationships with caution, some males' relationship experiences led them to be more considerate of females' desires and more open to monogamy. For instance, Eric was non-monogamous in the past, and this experience led him to believe in the importance of monogamy. He believed monogamy helped establish trust in a relationship:

You should only have sex with [your girlfriend] because you shouldn't, you know what I'm saying, like, they – other people are not gonna step in the way but I don't know, you should only have sex with that person and be faithful to her because once you lose her trust it's kind of over. (Eric, mutually monogamous, age 17)

Although Taj was limited in his sexual experience, he had cheated on his only girlfriend. Upon self-reflection, he considered what it would take to have a more ideal relationship in the future and concluded that reciprocity would be important:

I should just be like more respectful or stay respectful and keep and be determined, be trustworthy, and saying like – that she – the type of relationship that she gonna trust me at basically... That girl would be like, the girl that I can really trust... (Taj, non-monogamous, age 16)

Summary of Findings

These qualitative data indicated that study participants' romantic relationships were multifaceted and that the characteristics of relationships were closely linked. In addition, findings indicated that relationship characteristics, most noticeably trust (although trust was closely linked to other dynamic), impacted condom use. For the most part, adolescents thought that using condoms was important; this was especially true with casual and untrusted partners. In addition, males balanced the protection that condoms provided with the pleasure they experienced when they did not use them. These data also showed that monogamous patterns were different across gender. Specifically, more males than females had multiple partnerships and unlike females, males were confronted with social expectations to engage in non-monogamy and to remain uncommitted to any one partner. Thus, females found it difficult to find partners who met their monogamous and commitment desires, and females often mistrusted males. Not only did males and females view monogamy and commitment positively, they considered these dynamics to be a part of ideal relationships, which they also thought should be trustful and respectful. The relationships adolescents experienced and their romantic beliefs did not match their

ideals, however. As a result of mismatched experiences and ideals, adolescents' beliefs about and expectations for relationships were impacted (e.g., trust was broken, commitment was rare, and males considered becoming monogamous). Finally, these data showed that although respect was closely related to other characteristics of relationships, participants perceived and characterized respect distinctly, and respect was a central and imperative part of adolescents' romantic relationships. In conclusion, these data show that adolescents' romantic relationships were multifaceted, and that condom use and other behaviors that impacted sexual health (e.g., monogamy) were impacted by the dynamics within relationships.

CHAPTER V: DISCUSSION AND CONCLUSION

This chapter discusses the findings as they relate to the study's aims, the existing literature, and public health. It also puts forward strengths and limitations of the study. Additionally, this chapter outlines the implications for future research and STI/HIV prevention. Finally, it provides a brief conclusion.

The Importance of Romantic Relationships in Adolescence

There is growing recognition of the need to move toward conceptualizing adolescent sexuality as positive (Brown, et al., 1999; Catania & Dolcini, 2012; Russell, 2005; Satcher, 2001), as having developmental and social benefits (Catania & Dolcini, 2012; Florsheim, 2003; Halpern, 2010; Russell, 2005), and as not merely the precursor to negative outcomes, such as STI/HIV acquisition (Koch, 1993; Russell, 2005). Although a continued focus on identifying factors that protect young individuals from the negative outcomes of sex is important (Satcher, 2001), investigators should also continue to give increased attention to the positive elements of romantic relationships and sexuality in adolescence (Barber & Eccles, 2003; Collins, 2003; Satcher, 2001).

The majority of adolescents' sexual experiences occur within romantic relationships (Furman & Shaffer, 2003). A deeper understanding of adolescents' romantic relationships provides important information on sexual development. As researchers continue to gain more knowledge on these two fronts, educators can more effectively teach healthy relationship building skills and sexual competencies, and in turn,

adolescents are more likely to have successful romantic and sexual adult relationships (Barber & Eccles, 2003).

This study contributes to the limited amount of literature that addresses adolescent romance and sexuality (Catania & Dolcini, 2012; Florsheim, 2003; Giordano, 2003), and consequently can guide related research and education. Specifically, this study focuses on urban African American youth and offers new insight into their heterosexual romance and sexuality. Such youth often grow up in environments that do not inherently foster healthy relationships and sex (Catania & Dolcini, 2012). As a result, many African American youth are presented with considerable sexual health challenges (Catania & Dolcini, 2012; Leventhal & Brooks-Gunn, 2004).

Considering the Sexual Health of Urban African American Youth

This study sample consisted of African American adolescents, aged 15-17, living in low-income neighborhoods of two large cities in the United States. This subgroup is at especially high risk for STI and HIV acquisition (Aral, 2001; Centers for Disease Control and Prevention, 2011a, 2011b); Bronfenbrenner's (1979; 1992; 2006) social-ecological model provides an explanation for their high risk. The model acknowledges multiple factors that intricately interact and affect the development and behavior of individuals, which subsequently impacts the health of those individuals (McLeroy, et al., 1988; U.S. Department of Health and Human Services, 2005). Factors of influence include public policy, community, institutional, interpersonal, and intrapersonal factors (refer to Table 2.1; McLeroy, et al., 1988; U.S. Department of Health and Human Services, 2005). Many low-income African American youth live in environments where these influential factors

interact in ways that put their health, including their sexual health, at risk (Anderson, 1989; Catania & Dolcini, 2012; Choby, Dolcini, Catania, Boyer, & Harper, 2012).

In particular, the following public policy, community, and institutional factors experienced by African Americans have been identified as putting their health at risk: (a) racism (public policy, community, and institutional factor; e.g., Way, 1998), (b) consistently earning lower wages when compared to Whites (community factor; Rodgers, 2008); (c) low employment rates among males (community factor; Edelman, 2008); (d) less opportunity to attend high-income schools when compared to Whites (public policy factor; National Center for Education Statistics, 2007); and, (e) more often live in poverty and impoverished neighborhoods than their White peers (public policy, community, and institutional factor; National Center for Education Statistics, 2007). In addition, the following interpersonal factors (i.e., relationship factors) and intrapersonal factors (e.g., developmental factors), which are embedded in public policy, community, and institutional factors, have been identified as putting African Americans' health at risk: (a) early sexual debut (interpersonal factor; e.g., Baumer & South, 2001), (b) unpredictable family relationships (relationship factor; Ellis, Figueredo, Brumbach, & Schlomer, 2009); and, (c) general mistrust in the opposite gender (intrapersonal factor; Nomaguchi, et al., 2011).

Furthermore, these myriad overlapping factors contribute to low access to traditional opportunities that mark adulthood (e.g., higher education, financial stability, and reliable romantic, platonic, and family relationships; Anderson, 1989; Catania & Dolcini, 2012; Wilson, 2008). As a result, urban African Americans may view early

sexual debut and early parenting as achievable markers of adult status (Catania & Dolcini, 2012; Harper, 2001). Early sexual debut is a risk factor for STI/HIV acquisition (Baumer & South, 2001; South & Baumer, 2000). In sum, the environments in which urban African American youth live may affect developmental factors that have a wide ranging impact on relationships including romantic and sexual relationships.

Therefore, there is a considerable need to address urban African American adolescents' prevention needs. Given that romantic relationships are the primary context for adolescent sex (Furman & Shaffer, 2003), a deeper understanding of urban African American youths' relationships can provide insight into sexual behaviors. This study's findings revealed a wide range of themes that explore low-income urban African American adolescents' romantic and sexual relationships as they relate to condom use, and findings underscore the complexity of these topics.

Positive Ideals Provide a Positive Foundation

The results of this study provide a deeper understanding of adolescents' perceptions of romantic relationships and suggest that youth understand the qualities needed for long-term and healthy romantic relationships; this is demonstrated in three overlapping themes. First, respondents viewed relationship characteristics including monogamy, commitment, trust, and respect as closely linked. Therefore, these characteristics were explored together as well as independently when possible. Second, adolescents believed in the Golden Rule. That is, they understood that treating partners as they would want to be treated was important for sustainable and ideal romantic relationships, even though most youth were not in relationships in which the Golden Rule

was followed. Third, across gender, ideal romantic relationships were perceived similarly. Males and females described ideal relationships as those in which partners were monogamous, committed, trustworthy, and respectful.

The themes presented above suggest that urban African American youth understand the prosocial behaviors that are the foundation for healthy relationships. That is, respondents expressed their understanding that monogamy was beneficial to a dyadic romantic union; by engaging in monogamy, they understood they were laying the foundation for the development of commitment, trust, and respect.

Research has shown that prosocial behaviors are an important quality in successful and healthy romantic relationships (Deutsch, 2005). Therefore, these findings suggest that respondents have an understanding of the characteristics that provide the foundation for positive adult relationships. Adolescents' understanding of prosocial behaviors was not always reflected in their experienced relationships, however, and most youth reported experiences that contradicted their perceptions of ideal relationships. For example, males were infrequently monogamous and committed and therefore gave females little reason to trust or respect them. As a result, the romantic relationships that adolescents experienced were infrequently mutually monogamous, committed, trusting, or respectful. When these characteristics are missing from a romantic relationship, adolescents' sexual health may be at risk. That is, when mutual monogamy, commitment, trust, and/or respect are missing in a dyadic union, relationship duration may be short, and communication may be minimal. Subsequently, individuals in such a relationship

may fail to negotiate condom and birth control use, and thus they may be at risk for STI/HIV acquisition and unintended pregnancy.

The following sections discuss at length respondents' romantic relationship experiences compared to their ideals and the outcomes of their mismatched experiences and ideals.

Mismatched Beliefs and Behaviors

Most respondents thought that mutual monogamy was positive and indicative of commitment. In addition, most youth thought that using condoms was important. As noted in the previous section and consistent with the literature, however, not all adolescents were monogamous (e.g., Kreager & Staff, 2009; Reed, et al., 2012) or committed (Anderson, 1989; Towner, et al., 2012), and condom use was inconsistent (Noar, et al., 2012).

Monogamy. The finding that more males than females reported non-monogamy² substantiates prior research with young African Americans (e.g., Kerrigan, et al., 2007; Reed, et al., 2012; Towner, et al., 2012). Furthermore, the findings echo previous studies that shows males are expected to have multiple partnerships and are rewarded for their sexual prowess, but females are shunned for the same behavior and are instead expected to remain faithful (Crawford & Popp, 2003; Kreager & Staff, 2009).

² The number of males who reported self and mutual-monogamy in the current study was higher than expected, but many of the males in the sample were also early in their sexual experiences and thus limited sexually (i.e., only one or two sexual experiences). Because these males had limited sexual experience, they may not yet have been presented with opportunities to have more than one sex partner.

Of course, many African American males resist the pressures to have multiple partnerships – a fact made evident by this study sample alone. Males who resist such pressures may be responding to their feelings that monogamy is positive and beneficial (Reed, et al., 2012; Towner, et al., 2012). On the other hand, some younger males may engage in multiple partnerships because, although they hold positive perceptions of monogamy, they consider it appropriate only for males who are older and more mature (Reed, et al., 2012; Towner, et al., 2012). Given that this study sample was relatively young, some male respondents may believe monogamy is something they should try when they too are older and more mature. Males' positive perceptions of monogamy may help explain why some males practice monogamy, and age may explain in part why some do not. In addition, two theoretical frameworks, including McLeroy and colleagues' (1988) ecological perspective on health and Christopher's (2001) framework on adolescent sexuality, can help interpret these findings³.

As discussed, McLeroy and colleagues' perspective, founded in Bronfenbrenner's (1979, 1992, 2006) social-ecological model, accounts for multiple factors of influence on health. Of influence are interpersonal factors (e.g., family beliefs and behaviors) and intrapersonal factors (e.g., gender, personal beliefs and behaviors). Christopher's theoretical framework, also grounded in Bronfenbrenner's social-ecological model, combines symbolic interactionism and role theory, adopting the notion that beliefs and expectations related to sexual liaisons manifest from interacting with individuals in ones'

³ Two independent analyses were conducted on this data set. Each analysis had a different goal and involved a separate analytic team. The findings from the current investigation corroborate the prior analysis (Reed, et al., 2012).

environment, including peers, romantic and sexual partners, and family, and that these beliefs and expectations are often gender-specific. Together Christopher's (2001) framework and McLeroy and colleagues' (1988) ecological perspective assume that adolescents' social interactions strongly impact their beliefs and expectations about their own sexuality, their roles in romantic relationships, and thus their dyadic romantic connections. In this regard, when adolescents enter romantic relationships, they bring with them preconceived notions about how each person in dyadic unions should and should not behave. As demonstrated in the current study, adolescents held beliefs about sex and romance, including beliefs about monogamy and commitment, that appeared to influence their behaviors in romantic relationships (e.g., condoms were thought to be unneeded with monogamous and trustful partners), and sometimes these beliefs were gender-specific (e.g., females did not believe a male who initiated condom use could be trusted, because he likely had other sex partners). Other prior work by Harper and colleagues (2004; 2012) and Anderson (1992; 1999) supports Christopher's framework and McLeroy's ecological perspective on health regarding the notion that peers and family play an influential role in these gender-specific beliefs and behaviors related to urban African American youths' romantic and sexual lives.

Harper and colleagues (Harper, et al., 2004; 2012) and Anderson (1992, 1999) found that adolescents verbally reward their peers for some behaviors related to sexuality and punish their peers for other behaviors. Furthermore, males often receive messages of one type (e.g., non-monogamy is good), while females receive messages that look contradictory (e.g., non-monogamy is bad; Harper, et al., 2004; Kerrigan, et al., 2007;

Reed, et al., 2012). These messages from peers are intricately linked to messages from family (Harper, et al., 2004; Harper, et al., 2012). That is, youth receive messages from nuclear family members (i.e., parents, siblings), and extended family members (e.g., cousins, uncles, aunts), and these messages are passed on to peers. Messages from peers and family often fit gender-role norms. For example, males receive messages from uncles and cousins that tell them to pursue female romantic partners with assertiveness and aggression. Females, on the other hand, receive messages from mothers and brothers that tell them to remain passive when responding to males' aggressive romantic pursuits (Harper, et al., 2012). When adolescents align their behaviors with such messages, gender roles can be perpetuated (Akers, Yonas, Burke, & Chang, 2011).

Adolescents in the current study acknowledged receiving gender-specific messages from peers, and it is possible these messages were reinforced by family members. These messages, according to Christopher, shape adolescents' self-identities, which consequently shape their self-perceptions of sexuality and roles in romantic relationships. Males, especially young African American males, are beset with messages from peers and family that suggest they are at a time in their life when sexual exploration is positive and that having multiple partners is acceptable and even encouraged (Crawford & Popp, 2003; Harper, et al., 2012; Kreager & Staff, 2009; Reed, et al., 2012). As a result of these socializing messages, many males may adopt the typical gender norm to engage in multiple partnerships (Eisler & Hersen, 2000; Kerrigan, et al., 2007). It is common for individuals to conform to significant gender role norms (Schmookler & Bursik, 2007; Thompson, Pleck, & Ferrera, 1992), especially when doing so increases

social status (Sanchez, Fetterolf, & Rudman, 2012). In line with Christopher and McLeroy and colleagues, social messages that encourage males to engage in multiple partnerships are reinforced through conversations with peers. The males in this study who had multiple partnerships were rewarded by peers with the “player” label and increased social status, which echoes previous research (Anderson, 1989; Giordano, et al., 2009). On the contrary, peers ridiculed males who expressed interest in monogamy, and therefore commitment. Unmistakably, the pressures males feel to have multiple partnerships, and the rewards they experience when they do so, are dominant.

At the same time males are rewarded for having multiple partners, females are rewarded for remaining faithful (e.g., Catania & Dolcini, 2012; Towner, et al., 2012). As revealed in prior research and the current study, this double-standard can lead males to conceal the truth about their multiple partnerships, although females know well that males are often unfaithful. Males’ secrecy about their multiple partnerships and females’ knowledge about them in part explains the high levels of opposite gender mistrust among African American females (Burton, et al., 2009; Nomaguchi, et al., 2011). The verdict is mixed, however, on females’ willingness to commit when they suspect or know partners are unfaithful, and thus are mistrusting of them. There is a dearth of research that explores commitment levels in adolescence but the existing research suggests related behaviors and expectations are gender-specific (Anderson, 1989; Kerrigan, et al., 2007; Towner, et al., 2012). On the other hand, this study’s findings suggest that males and females hold similar beliefs about commitment (i.e., commitment is positive and goes

hand-in-hand with monogamy), but that males and females remain uncommitted for different reasons.

Commitment. Rusbult and Buunk's (1993) psychological model of commitment considers four factors in an individual's level of romantic commitment: (a) psychological attachment; (b) desire for relationship longevity; (c) intention to stay; and (d) the inability to find other partner who meet needs. When one or both individuals in a dyadic union fall short on any one of these four factors, the relationship is less likely to last long-term (Buunk & Bakker, 1997). It has been found that youth are less inclined to seek out and remain in committed relationships (Connolly & Goldberg, 1999; Jackson, 1993; Shulman & Kipnis, 2000) in part because, at a young age, individuals lack the psychological and social depth that commitment requires (Brown, et al., 1999). Related research is still developing, however, and it is investigating commitment variation across gender, age, and populations. One recent qualitative study found that young African American females commit to their partners even when their needs are unmet (Towner, et al., 2012), thus challenging Rusbult and Buunk's model. In contrast, findings from this study provide insight into urban African American adolescents' commitment levels, and support Rusbult and Buunk's model.

Although males and females in this study thought positively of commitment, few were in committed relationships. These findings corroborate previous work (Connolly & Goldberg, 1999; Jackson, 1993; Shulman & Kipnis, 2000) that, again, suggests adolescents are less inclined than adults to commit to romantic partners. Thus, it is not surprising that youth in this study expressed low levels of commitment, especially given

males' tendency to engage in multiple partnerships. According to Christopher's model, it would make sense that few males committed, because of the messages they receive from peers telling them not to. These messages may discourage psychological attachment to a partner and intention to stay in a relationship.

In addition, Rusbult and Buunk suggest that if needs are unmet in a romantic relationship, then an individual is unlikely to commit. Males may feel that having sex is a need in their relationships because of the social pressures to have sex and their own sexual desires, as demonstrated in these findings and in previous work by Reed and colleagues (2012). When females do not engage in sex with partners, and thus males feel their needs and desires go unmet, then they may be less inclined to commit. Females in this study described respectable males as those who gave them time to decide if they wanted to have sex. Females' desires for males to wait for sex may partially be linked to their desire for a committed relationship. But, their request that males wait for sex may actually contribute to males' lack of commitment, because they are withholding one of males' perceived relationship needs. Consequently, males may seek out other partners and remain uncommitted. Furthermore, males more often than females engage in sex without also feeling attachment or love (Anderson, 1989; Maccoby, 1990; Marston & King, 2006; Moore & Rosenthal, 2006), which might also explain their lack of commitment.

Despite males' remaining uncommitted, their exposure to older peers and family members in committed relationships may influence their positive perceptions of commitment (Christopher, 2001; Harper, et al., 2004; Harper, et al., 2012; McLeroy, et

al., 1988). But, males may perceive commitment as something they will engage in later in life when they are older, more mature, and when they decide to remain monogamous (Towner, et al., 2012). For the young men in this study, the pressures to engage in multiple partnerships and remain uncommitted, their perceived need for sex, and their ability to detach sex from commitment may supersede their positive perceptions of commitment. Thus, in this population, the necessary factors for interpersonal commitment (Rusbult & Buunk, 1993) may remain low.

Only a few females in this study said they were committed to their partners, but even those who said they were uncommitted had no plans of leaving their less-than ideal partners. According to Rusbult and Buunk, this implies that although females wished to commit, they were unable to find partners who met their needs, thus leading to overall low commitment levels. In contrast, females receive strong messages that encourage them to remain faithful and committed. Females are often emotionally attached to a partner after having sex (Maccoby, 1990; Marston & King, 2006). When emotional attachment increases in romantic relationships, so can commitment levels (Miller & Benson, 1999; Wieselquist, Rusbult, Foster, & Agnew, 1999). That is, sex can make females feel connected to partners, and for this reason they may remain in relationships even when partners do not meet their ideals.

In addition, it has been well documented (e.g., McNair & Prather, 2004; Newsome & Airhihenbuwa, 2013; Owens Ferguson, Crouse Quinn, Enga, & Sandelowskia, 2006) that there is a sex ratio imbalance in the African American community, such that there is a shortage of available African American males for

potential romantic partnerships. This is in part due to high mortality and incarceration rates (Green, Pouget, & Friedmann, 2012; Newsome & Airhihenbuwa, 2013). Thus, when a female finds a male to engage with romantically, she may desire relationship longevity and have an intention to stay in the relationship even when her partner does not meet her needs (Rusbult & Buunk, 1993). As these female respondents showed, however, even when they stayed in relationships, they were not always committed. By avoiding formal commitment, females might very well be leaving the door open to other partners who may better meet their needs.

Overall, adolescents thought positively about commitment (and monogamy), but few were committed. Additionally, adolescents reported using condoms in uncommitted and casual sexual partnerships, especially when they suspected the other partner was non-monogamous. Studies have found that condom use is higher when commitment is low and multiple partnerships are suspected (Bauman & Berman, 2005; Ku, et al., 1994; Moore & Rosenthal, 1993; Noar, et al., 2012; Plichta, et al., 1992). The current study confirms this understanding of condom use by relationship type among this group of adolescents.

Condom use. African American males and females in this study understood the importance of using condoms to protect themselves against unintended pregnancy and STIs/HIV; this finding corroborates recent research (Noar, et al., 2012). Noar and colleagues' qualitative study investigated the sexual partnerships of low-income African Americans and found that participants valued condoms for preventing STIs. Their research, however, was conducted with African American's ages 18-44, and condom use

attitudes were not stratified by age. The current study extended findings of condom use among a lower age range of youth who were in middle adolescence (14-17 years old; Steinberg, 2010). Yet, this study, the Noar study, and other prior research (e.g., Ku, et al., 1994) suggest that relationship type is closely related to condom use, such that condom use is less likely in more serious relationships in which both partners are monogamous, trustful, invested, and express feelings of love. On the other hand, condom use is more likely in less serious relationships in which one or both partners engage in multiple partnerships, are untrustworthy, not invested, and do not express feelings of love (Bauman & Berman, 2005). The current findings suggest that urban African American adolescents hold similar perceptions about when condoms should be used and when it is acceptable not to use them.

For males and females, it was acceptable not to use condoms when mutual trust levels were high in a partnership. When partners were trusted, they were considered less likely to have other sex partners and less likely to be infected with STIs/HIV, even when STI/HIV status was unknown. Trust as a reason for not using condoms may be related to adolescents' desire for emotional intimacy that goes beyond physical intimacy in romantic relationships (Collins, et al., 2009; Furman & Hand, 2006). Research has found that intimacy is a central component of ideal adolescent romantic relationships (Brady, Tschann, Ellen, & Flores, 2009), and that adolescents crave the feeling of human connection and bonding that romance can provide (Shulman, 2003). Moreover, close and intimate romantic relationships are to some extent marked by mutual trust (Wieselquist, et al., 1999). When adolescents desire intimacy and trust, they might participate in

behaviors that express these connections, such as monogamy or non-condom use. Non-condom use as a display of trust, however, can be risky, especially when one or both partners are, in truth, non-monogamous (Eames & Keeling, 2004). Males felt that not using condoms was more pleasurable than using them, though they also thought it was most appropriate to give into this desire for pleasure with “main” partners, even when they did not practice monogamy with those partners. The pleasure males experience when condoms go unused may make them feel emotionally closer to a “main” partner, because non-condoms use is an expression of trust in relationships (Matson, Chung, Sander, Millstein, & Ellen, 2012). This may make a couple feel closer as well.

Even when females in the current study did not trust a partner because they suspected non-monogamy, some longed for mutually trusting and monogamous relationships. Therefore, because not using condoms was indicative of mutual trust, some females preferred not to use them. Furthermore, when males used condoms, females felt mistrustful. Some females considered condom use a sign that their partners were cheating. Of course, intimacy and trust do not always exist in romantic relationships, but when youth engage in expressions of intimacy and trust, such as non-condom use, STI/HIV risk levels may increase. That is, when condoms go unused with a partner who has multiple overlapping partnerships, and when STIs/HIV are present in the sexual network, all partners are at risk for STI/HIV acquisition (Aral, 2010; Eames & Keeling, 2004). As previously discussed, multiple overlapping partnerships among males were common, and this contributed greatly to females’ mistrust in males.

Gender Mistrust among Females

Interpersonal trust is the belief that another person is and will remain reliable (Cook, 2001). It has been suggested that, at a young age, interpersonal trust in romantic relationships is of little importance (Connolly & Goldberg, 1999; Shulman & Kipnis, 2000). The current study suggests otherwise. Males and females alike valued trust and thought that it was part of ideal relationships. Females, however, commonly mistrusted males and suspected they had other sex partners.

Rotenberg and colleagues' (2010; 2005; 2005) trust framework breaks down the components of interpersonal trust, and demonstrates its reciprocal qualities. In particular, the framework theorizes that both partners in a dyadic relationship need reliability, emotional trust, and honesty for interpersonal trust to exist. The present study aligns with this assumption in that interpersonal trust was infrequently attained because males remained uncommitted and disrespectful, and thus females felt they were unreliable (had other sex partners) and dishonest (secretive with females about other sex partners). Although males and females alluded to mutual interpersonal trust (i.e., when it existed they could forgo condoms), few respondents actually discussed being in mutually trusting relationships, because few males were monogamous or respectful. The finding that females mistrusted males confirms prior work by Burton and colleagues (2009) and Nomaguchi and colleagues (2011), although Nomaguchi's group also found that African American female adolescents were less trusting than females of other races/ethnicities, and that poverty was associated with higher levels of mistrust.

Individuals living in poverty may experience challenges when planning for the future (Burton, et al., 2009). When it is difficult for individuals to predict their life course, because there is less control over the variables that set plans in motion (e.g., limited job opportunities, little control over finances that can facilitate attending college), trusting the environment, including social connections and interactions (e.g., racism), may be difficult. Furthermore, social relationships, including family relationships, may be unpredictable (Ellis, et al., 2009). Thus, general mistrust in one's environment, and the people in it including family, may then translate into general mistrust of romantic partners. Or, at the least, interpersonal romantic trust may not be built with ease, as individuals may enter romantic relationships armed with distrust.

It seems that females' general mistrust in males, upon entering relationships, was a protection mechanism from the hurt that males' potential infidelity would cause. If females remained mistrusting, and therefore less attached, to boyfriends, then they might more easily dismiss or break up with unfaithful boyfriends. Nonetheless, some females remained with partners whom they mistrusted. Furthermore, it was also common for females to disbelieve boyfriends who said they were monogamous. This mistrust was at least partially rooted in the knowledge that males tended toward infidelity (e.g., Reed, et al., 2012) and that faithful males were hard to find. Because faithful males were hard to find, females often compromised their desire for a trusting partner and subsequently lowered their expectations of males, whom they ultimately wished would be committed, trustful, and respectful (i.e., they ultimately desired what they considered to be an ideal partner). As a result, females were seemingly focused on getting only their immediate

desires met (Burton, et al., 2009), such as companionship and sexual connections. In short, females' mistrust in males is a multifaceted issue.

Moreover, while these findings do not suggest that males hold a general mistrust of females, they do demonstrate an overall mistrust in these youths' romantic relationships. This mistrust can have a detrimental impact on healthy relationships in adulthood (Burton, et al., 2009); youth in mistrusting relationships fail to learn by experience that individuals can be benevolent, honest, and predictable (Larzelere & Huston, 1980). Furthermore, when trust and monogamy are absent, other dynamics, such as commitment and respect, appear to be missing. Although monogamy, commitment, trust, and respect were intricately linked, these findings also suggest that opposite gender respect is earned in other ways than being monogamous and trustful.

The Importance of Respect

Anderson's (1999) seminal research highlights the emphasis low-income African American youth place on interpersonal respect, or "being treated right." Anderson suggested that the importance African Americans place on respect is entrenched in the disadvantaged, volatile, and unpredictable environments (e.g., violence, high rates of poverty and unemployment, racial discrimination) in which they live (Anderson, 1999; Stewart, Schreck, & Simons, 2006). Interpersonal respect and intrapersonal resilience are emphasized as being important, because such traits help individuals navigate unpredictable environments.

Individuals gain respect through specific social interactions that meet culturally defined guidelines; when youth follow these guidelines, they may gain a sense of security

and wellbeing in insecure environments (e.g., poverty stricken neighborhoods; Anderson, 1999; Leary, Brennan, & Briggs, 2005) by helping youth feel connected to peers and community. Although Anderson's work focuses on describing the importance of platonic respect, especially among males, his examination of respect can also help with the interpretation of the current findings on heterosexual romantic respect between males and females. Particularly, when adolescents follow romantic respect guidelines, these guidelines may also help them feel secure in their romantic relationships.

Previous research shows that African American youth believe that respect is an important quality in romantic relationships (Harper, et al., 2004) and that respectful relationships are mutually monogamous and committed relationships with high levels of interpersonal trust (Towner, et al., 2012). As already noted, youth were rarely in relationships that had all of these qualities, because males tended not to remain monogamous or committed, and thus were untrustworthy. Respondents' descriptions of respect went beyond these larger relationship dynamic ideals, however. Specifically, males and females thought that romantic partners who were respectful should avoid offensive language and interpersonal conflict; females felt that respectful males gave them time to make decisions about when to engage in sexual intercourse; males felt that respectful females were those who did not stray with their romantic affections.

Across gender, adolescents considered the absence of negative interactions (i.e., non-violence, no name calling) to be an expression of respect, which is in keeping with other research with this population (Gowen, et al., under review). Therefore, urban African American youths' respect guidelines may very well be directly connected to their

desires for mutually monogamous, trusting, and committed romantic relationships (Brady, et al., 2009) and their understandings of prosocial behaviors (Deutsch, 2005). In addition, females' desires to have the time and space to decide about sex, even when having sex was a norm among youth, may be related to females' search for romance and intimacy (Landolet, Lalumiere, & Quinsey, 1995), which may also be connected to their desire for a monogamous, committed, and trustful partner. Males who provide females with the time and space they desire may be considered by females to be interested in an emotional connection that includes mutual monogamy, commitment, and trust. In brief, when males respect a female's decision to wait to have sex, females may feel that males are more inclined to respect them in the long-term, and carry forward with their hopes of an ideal relationship.

Although females' respect expectations of males appeared to be linked to their desires for ideal relationships, males' respect expectations of females appeared to be connected to their desires for monogamous partners. Research has shown that males expect females not to stray outside the relationship and to remain committed and monogamous (Crawford & Popp, 2003; Kreager & Staff, 2009). The present study suggests that males consider females who are respectful as those who remain reserved in their communication and interactions with males outside the relationship. When a female interacts with other males, her partner may feel threatened, and worry she is pursuing other sexual partnerships.

All told, some adolescents' descriptions of respect seem to be inherently connected to their desires for mutually monogamous, committed, and trusting

relationships, even when some respect parameters contradicted their own behaviors (e.g., respectful females do not talk to other males, but males talk, and have sex with, other females). These findings, as well as previous research (Towner, et al., 2012), suggest that respect plays an important role in urban African American adolescents' romantic and sexual lives.

Strengths and Limitations

The qualitative nature of this research provides an opportunity for exploration and discovery of concepts and relationships that researchers have not previously identified. For example, the intricate link of relationship characteristics was not anticipated, yet it provides important data suggesting that adolescents understand monogamy, commitment, trust, and respect to be part of ideal relationships. This understanding implies that adolescents also understand how to develop healthy adolescent relationships and subsequently healthy adult relationships.

The goal of this work is not to establish prevalence estimates of the phenomena but rather to describe the variation in the domains being explored (Miles & Huberman, 1994). The sample frame was developed to allow for description of the variations in the phenomena. Therefore, the findings are not generalizable. But, this study provides a detailed snapshot of adolescents' romantic relationships and condom use patterns in these relationships.

The respondents were recruited from community-based organizations (CBO). Some of these CBOs provided STI/HIV prevention, though not all youth who were recruited for this study were also part of these programs (Dolcini, Catania, Harper, Boyer,

& Richards, 2012). Nevertheless, some youth who sought services at these CBOs may have provided answers that they considered to be socially appropriate (e.g., condoms are important, monogamy is positive). But these findings corroborate previous findings that come from larger population-based surveys (e.g., males frequently have multiple partnerships, females infrequently do). In addition, the findings were similar across cities (i.e., San Francisco and Chicago), thus strengthening the validity of these findings. That said, bias is possible, as with any study that relies on self-report.

Finally, the larger study from which these data were extracted did not focus specifically on the impact monogamy, commitment, trust, and respect had on condom use. Thus, there is a need for future research that replicates and extends this work.

Future Research Directions

Future studies should continue to explore the complexities and contradictions in urban African American adolescents' heterosexual relationships (Reed, et al., 2012; Towner, et al., 2012). For example, future work should explore males' conflicting expectations related to sexuality and romance. Ample research shows that males who have multiple partnerships are accepted by their peers (e.g., Kerrigan, et al., 2008; Reed, et al., 2012). Research is sparse and needed, however, on peers' acceptance of males' belief that monogamy is a positive and a healthy relationship option. It may be that this is a less-practiced belief by males because of the long-established expectation for them to engage in multiple partnerships. Individuals who do not adhere to well-established gender-specific social impositions (i.e., sexual prowess) can be rejected (Pleck, et al., 1993; Sanchez, et al., 2012).

Although considerable work has explored the impact relationship dynamics have on condom use among adult populations (e.g., Harvey et al., 2006; Harvey, Thorburn Bird, Henderson, Beckman, & Huszti, 2004; VanderDrift, Agnew, Harvey, & Warren, 2012), there is only a small body of literature that explores these concepts in adolescent populations (Inazu, 1987; Manning, Longmore, & Giordano, 2000; Riehman, Wechsler, Francis, Moore, & Morgan-Lopez, 2006). Thus, continued work with younger populations is needed. In particular, the multitude of factors that impact monogamy, commitment, trust, and respect, and in turn, condom use behaviors, may require complex intervention strategies. Such strategies should emphasize: (1) encouraging teens to take time in relationships to develop mutual monogamy, commitment, trust, and respect, which may prevent them from forgoing condoms as a (false) expression of these characteristics, and (2) helping teens cope with emotional needs that are being unmet in relationships (e.g., monogamy, commitment, trust, respect), while also encouraging them to use condoms consistently.

In addition, future research on respect in romantic relationships is needed. Although there is some understanding of platonic respect and its importance in African American communities (Anderson, 1999), researchers are only just beginning to explore respect in the context of romantic and sexual relationships (Gowen, et al., under review). Building on the current findings, future work should examine how romantic respect is defined, adhered to, and how respect practices and beliefs may shift in different relationship types.

Finally, because the focus of this research was on heterosexual youth, future studies are needed on romantic relationship dynamics as they impact sexual health behaviors (e.g., monogamous behaviors, condom use) among African American adolescents' same-sex couples. Although research on heterosexual romantic relationships is shifting to examine romance and sexuality as positive in development and not merely the precursor to maladaptive outcomes, the research on same-sex romantic relationships has yet to move in this direction (Diamond, 2003).

Prevention Implications

STI/HIV prevention targeted at urban African American adolescents has demonstrated moderate efficacy, but African American youth would benefit from more tailored and intensive interventions (e.g., Marshall, Crepaz, & O'Leary, 2010). The current study's findings can be of use in this regard. Specifically, future interventions that focus on the dynamics of relationships have the potential to add to the efficacy of prevention efforts. Such work could guide a dyadic-level framework, which is based on the principle that safer sex and relationship negotiation is more successful when both individuals in a dyadic union are taught these skills together (2010). A goal of dyad-level interventions is to promote healthy relationship skills (El-Bassel et al., 2010; Karney, et al., 2010). Because African American adolescents' relationships may put them at risk for negative sexual health outcomes, there is a strong need for interventions that capitalize on youths' understanding of prosocial behaviors or positive interpersonal relationship skills. A dyadic-level intervention approach may be useful in this regard.

Dyadic-level approaches would provide benefits for current relationships, and they would presumably improve the health of individuals' future relationships (Karney, et al., 2010). Enhancing sexual health and communication skills that can be used in future relationships is particularly important for youth because, although they most often engage in sex in the context of dyadic unions (Furman & Shaffer, 2003), the length of their partnerships is variant, ranging from a couple weeks to a couple months (Furman & Hand, 2006; Furman & Shaffer, 2003). Interventions that target youths' relationships can subsequently improve the health of relationships in adulthood (Barber & Eccles, 2003). Furthermore, such interventions may improve the chances of youth adopting the skills and self-confidence needed to avoid, or at least extract themselves from relationships that put them at risk. Dyadic-level interventions are promising on their own (El-Bassel, et al., 2010), but may be most efficacious when paired with other types of interventions (e.g., Johnson, Scott-Sheldon, Huedo-Medina, & Carey, 2011). These findings suggest that interventions may be strengthened through a focus on gender-specific issues.

STI/HIV interventions that teach young women to negotiate safer sex (Crepaz et al., 2009) may be enhanced if females are also taught that trust in romantic relationships can be expressed in ways other than non-condom use (e.g., getting tested for STIs/HIV), and that condoms should be used consistently, especially given that mutual monogamy, commitment, trust, and respect are rare. Additionally, interventions that target young men may address relationship ideals as they contradict multiple partnerships. Males experience pressures to engage in multiple partnerships, but these pressures come in conflict with their belief that monogamy and commitment are positive. Recent research

has found that small group settings in which males are allowed to discuss issues related to sex in a confidential and safe environment are positively received (Harper, Dolcini, Benhorin, Watson, & Boyer, 2013). Such programs may provide males a unique opportunity to engage in open conversations with other males about their romantic ideals. These discussions can provide a forum for sharing prosocial values concerning relationships. In addition, as young men engage in such discourse, gender and cultural norms may start to shift towards those that better foster healthy relationships and sexuality.

In summary, this study has implications for STI/HIV prevention targeted at urban African American adolescents. In particular, the findings reinforce the importance of considering gender-specific issues in the development of social-ecological STI/HIV prevention programs (e.g., Di Noia & Schinke, 2007; Moore & Rosenthal, 2006; Tolman, et al., 2003). And, these findings have the potential to shape dyadic- and individual-level interventions that can focus on supporting more effective coordination of safer sex in and out of a romantic relationship and intercept maladaptive cognitive and behavioral patterns that may carry over into adulthood (Barber & Eccles, 2003).

Conclusion

Urban African American youth living in the United States are burdened with disproportionate rates of STIs and are at increased risk for HIV acquisition (Centers for Disease Control and Prevention, 2011a, 2011b). Thus, continued STI/HIV prevention efforts are an urgent public health need. Current evidence suggests that a better understanding of adolescents' romantic relationships, and the sexual behaviors within

these relationships, can help inform prevention efforts (Dworkin, et al., 2007; Karney, et al., 2010; Manning, et al., 2009). This study was developed out of a need to address urban African American's sexual health, and has the goal of informing related prevention efforts designed for these youth.

In conclusion, this study provides data on gender-specific beliefs and behaviors as they relate to adolescents' heterosexual romantic experiences and as these experiences impact sexual health behaviors including condom use and monogamy. In short, these findings show clearly that youths' romantic relationships play a critical role in their sexual behaviors. Intervention strategies that consider gender dynamics in romantic relationships have the potential to contribute to the prevention of STI/HIV acquisition in urban African American youth.

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APPENDICES

APPENDIX A: INTERVIEW GUIDE

Fem Exp. 5.1.10

Interviewer instructions

[**Interviewer:** See Screening interview for age and sexual experience; Confirm this information]

Screener Check List:

Age (yrs.)_____

Sexual Experience: Yes No

[**Interviewer:** Whenever R uses terms that you don't understand, or that you think the reader won't understand, Inquire as to what the word(s) mean.

[**Interviewer:** Get to know the person a bit before launching into the interview questions. Have them tell you about themselves.]

[**Interviewer:** Throughout the interview, and as appropriate, ask R for stories or other examples of things R talks about.]

[**Interviewer:** Try to use R's terms for phenomena, but make sure you know what the terms mean!]

Section A. Introduction

First, I would like to tell you about the interview we'll be doing today. The interview will help us learn from you what it's like to be a young woman in today's world.

Think of yourself as a teacher. These are your opinions; there are no right or wrong answers. I will respect your views. Some questions are on sensitive topics, so tell me if there is something that you'd rather not talk about. Everything you say will be kept completely confidential.

[Interviewer: If R asks what confidential means you may supplement with the following material. What I mean by confidential is that we will not use your name on the recording or connect your name with anything you say in the interview. After we have typed out what you said in the interview we will destroy the recording.]

The interview should take a couple of hours. We'll take a break about half way through, but if you need a break sooner, let me know.

Before we get started do you have any questions?

To get started, I'd like to know a little about you.

A1. How would you describe yourself?

[**Probe as needed:** Do you prefer the term African American or Black or doesn't it matter to you?]

[**Interviewer:** Ok, I'll use [Preferred Term] as we talk today.]

[**Interviewer:** Skip questions below as necessary if the answer is covered in A1 Response]

A2. Who do you live with?

[short answer]

A3. How old are you? _____(Yrs.)

A4. Where are you currently living? Which neighborhood?

[short answer]

A5. What is it like living in your neighborhood?

[Interviewer: If R has just moved, it is ok to get information about the prior neighborhood in this question.]

[short answer]

A6. Are you in school?

A6a. [If yes, ask:] Where do you go to school?

A6b. [If yes, ask:] Do you do activities like sports, drama, music, or leadership at school?

[short answer]

A6c. [If yes, ask:] What are your favorite subjects?

[short answer]

A7. Do you have a job? [yes, no]

A7a. [If yes, ask:] Where do you work?

A8. If you could live anywhere you wanted in the United States, where would you like to live?

[short answer]

A9. Is there someone you look up to, that you really admire and want to be like?

[yes, no; short answer]

A9a. [If yes, ask:] Tell me about him/her/them.

[short answer]

Section B.

These next questions are about the kinds of things you like to do.

B1. Which of the following do you like to do [**Read Each**] ...

B1a. Watch TV? [yes, no]

B1a1. [If yes, ask:] What programs do you watch?

[short answer]

B1b. Listen to music? [yes, no]

B1b1. [If yes, ask:] What kinds of music do you like to listen to?

[short answer]

B1b2. Who are your favorite artists?

[short answer]

B1c. Go out to movies or rent movies to watch at home? [yes, no]

B1c1. [If yes, ask:] What kinds of movies do you like to watch?

[short answer]

B1d. Read magazines? [yes, no]

B1d1. [If yes, ask:] What kinds of magazines do you like to read?

[short answer]

B1d2. What are your favorite magazines?

[short answer]

B1e. Read books? [yes, no]

B1e1. [If yes, ask:] What kinds of books do you like to read?

[short answer]

B1e2. What are your favorite books?

[short answer]

B1f. Spend time on the internet? [yes, no]

B1f1. [If yes, ask:] What kinds of things do you like to do on the internet? [short answer]

Probe as needed: Facebook, You Tube, Myspace, what else?

B1g. Hanging out with your friends? [yes, no]

B1g1. [If yes, ask:] What kinds of things do you and your friends like to do?

[short answer]

B1h. Being with your family? [yes, no]

B1h1. [If yes, ask:] What kinds of things do you and your family do together?

[short answer]

B1i. Go to Church-related activities or services? [yes, no]

B1i1. [If yes, ask:] What kinds of things do you do with people you know from church?

[short answer]

Section C

These next questions ask about what you think the messages and images are of (African American/Black) girls your age. People get lots of ideas and messages about how girls your age should act from a lot of different places.

[Interviewer: In items below, C1a to C1h, we often ask about several influences in a single item. Within an item, we do not need to know about specific sources of the ideas or images (e.g., TV vs magazines), but if this information is offered that's ok.]

[Interviewer (If needed): By messages we mean the ideas or themes that you hear or see around you. These messages can come from lots of other people, from books, or from media or from other places. **(If needed):** By images we mean the images of what African Americans should be like. Sometimes we think of images as “pictures” or “snap shots” of what people should be. The images can come from lots of other people, from books, or from media or other places.]

C1. Do you think that ideas and messages about what girls your age should be like, come from **[Read Each]**...

C1a. TV, Radio, Magazines, Books? [yes, no]

C1a1. [If yes, ask:] What kinds of things have you learned from TV, radio, books, or magazines about being a teenage girl?

[short answer]

C1b. The Internet: Facebook, Myspace, YouTube? [yes, no]

C1b1. [If yes, ask:] What kinds of things have you learned from the internet about being a teenage girl?

[short answer]

C1c. Movies, Music? [yes, no]

C1c1. [If yes, ask:] What kinds of things have you learned from movies or music about being a teenage girl?

[short answer]

C1d. Family members? [yes, no]

C1d1. [If yes, ask:] What kinds of things have you learned from family about being a teenage girl?

[short answer]

Probe as needed: Have you learned different things about being a woman from different family members, say from a Mom or from an uncle?

C1e. Sports figures or politicians? [yes, no]

C1e1. [If yes, ask:] What kinds of things have you learned from sports figures or politicians about being a teenage girl?

[short answer]

C1f. Teachers, Ministers, or Pastors? [yes, no]

C1f1. [If yes, ask:] What kinds of things have you learned from teachers or religious leaders about being a teenage girl?

[short answer]

[Interviewer: If No Boyfriend Ever, Skip to C1h]

C1g. Boyfriends? [yes, no]

[Interviewer: Explain that a boyfriend is someone you feel romantic about, are going out with, and may or may not be having sex with.]

C1g1. [If yes, ask:] What kinds of things have you learned from Boyfriends about being a teenage girl?

[short answer]

C1h. Friends? [yes, no]

C1h1. [If yes, ask:] What kinds of things have you learned from friends about being a teenage girl?

[short answer]

C1i. Are there other people or places that you have learned about being a teenage girl from?

[short answer]

Probe as needed: Where else does R think she has gotten her ideas on what girls are like?

[**Interviewer:** Construct next item, C2, using example sources described by R in C1a to C1i, as things that influence their images of girls]

C2. Thinking about the images of (African American/Black) girls that come from the people, places, or things you just talked about (for example, **insert example sources from C1a to C1i**), would you say you are different from or similar to these images?

[**Interviewer:** If images the R has presented are contrasting or contradictory, probe this issue in C2a and C2b.]

[Interviewer: If R is having difficulty answering this question, ask specifically about one source that seems central (e.g., family) to get the R started.]

[Longer Answer]

C2a. In what ways are you different?

[Longer Answer]

C2b. In what ways are you similar?

[Longer Answer]

C3. Do you feel pressure to be different than you want to be? [yes, no]

C3a. [If yes, ask:] Tell me about that?

[Longer Answer]

C4. When an (African American or Black) girl doesn't fit the popular image of what a girl should be like, how do other people treat her?

[short answer]

[Interviewer: If R has difficulty understanding the phrase "popular image." you should paraphrase it, for example, popular image means the images that the media have

of what girls your age should be like; alternatively, it means the stereotypes people sometimes have of girls your age]

C4a. Do you know someone like this? [yes, no]

C4a1. [If yes, ask:] Can you tell me a story about that person and how others sometimes treat her?

[short answer]

C4a2. [If no, ask] How do you think someone who doesn't fit the popular image of what an (African American or Black) teenage girl should be like would be treated by other people?

[short answer]

These next questions are about sex and your views on sex.

D1. Have you had a sex education class, a health class, or other class that talked about sex?

[yes, no]

[Interviewer: If No, Skip to Item D2]

D1a. [If yes, ask:] Some sex education teaches about how to make decisions and protect yourself when you have sex. Have you had a class that did those things? [yes, no]

D1b. [If yes, ask:] Some sex education classes only teach about not having sex (sexual abstinence). Have you had a class that talked only about not having sex and ways to avoid having sex?

[yes, no]

[Interviewer: For next question, start with the root question, asking specific questions as needed. Use the definition work sheet for sexual behaviors as needed, especially for non-sexually experienced youth.]

D2. What do the words “to have sex” mean to you?

D2a. Does it mean to have vaginal sex, oral sex, or anal sex?

D2b. Does it mean all of those things?

D2c. Would you include anything else?

[Interviewer: Confirm sexual experience if needed: Have you had sex with anyone including vaginal or anal intercourse, oral sex, or other types of sex? [yes, no]

[Interviewer: If R's definition is different than ours, say...

Thanks for telling me what sex means to you. Now, we're going to broaden the definition. In the next few questions we want you to think about the definition I am going to read to you.]

These next questions ask about having sex with another person. By the word sex I mean any of the things people do sexually with a partner. This includes oral sex, when a guy puts his mouth on a girl's vagina, or a girl puts her mouth on a boy's penis. It also includes vaginal intercourse, when a guy puts his penis in a girl's vagina, or anal intercourse when a guy puts his penis in a girl's anus (or butt).

So, a person who is doing any one of these sexual activities with a partner is having sex.

Is that clear or would you like me to explain further?

[Interviewer: Use Additional Explanation as needed: So, if I was to ask you, what age is it ok for girls to start having sex?—this would mean at what age is it ok for a

girl to start doing any one of the sexual things I mentioned earlier including oral sex, vaginal sex, or anal sex.]

[Interviewer: use alternative explanations as needed until it is clear that the word sex means any one of the things mentioned previously.]

D3. People have different ideas about whether it is ok to have sex as a teen. Do you think

it is ok for teenage girls and guys to have sex [Of any kind]?

[short answer]

D3a. How do you think a guy views that?

[short answer]

D4. What age is it ok for a guy to start having sex [Of any kind]?

[Age or Age Range]

Probe: Why then?

[short answer]

D5. What age is it ok for a girl to start having sex [Of any kind]?

[Age or Age Range]

Probe: Why then?

[short answer]

D6. Do you think it is ok for young people to start having sex [Of any kind] when they are ready, whether they are married or not?

[Yes, No, or short answer]

D7. Is it ok for married people to have sex [Of any kind] with someone other than their wife or husband?

[Yes, No, or short answer]

D7a. How do you think guys view having sex outside a marriage?

[short answer]

D8. Tell me about a time when you wanted to have sex with a new guy, someone you just met, what did you do to get him interested in you?

[short answer]

Probe: What did you do or say to get him interested?

These next few questions are about condoms.

D9. What do you think about condoms?

[short answer]

Probe each as needed:

Do you like using them?

Do they work (E.g., stay on, break, prevent STDs/Pregnancy)?

Are they easy to buy or get in your neighborhood?

[Probe, Girl Rs only:] Do you like it when guys use them?

D10. What do your male friends think about condoms?

[short answer]

Section E

Our next questions are about boyfriends and about sex. I want to ask you about the words you like to use in talking about boyfriends and girlfriends, and if you want me to use those words in the interview.

E1. First, what words do you use to describe a boyfriend, that is, someone you are going out with, feel romantic about, and may be having sex with?

[Interviewer: R might not be having sex with this person, but the person needs to be someone they feel romantic about.]

Boyfriend: _____

E2. If someone is your boyfriend does it always mean he is having sex with you or can someone be your boyfriend and not be having sex with you?

[short answer]

E3. Are there different kinds of boyfriends? [yes, no]

E3a. [If yes, ask:] What do you call the different kinds of boyfriends?

[short answer]

[Interviewer define sex as needed: As before, by the word sex we mean vaginal, oral, or anal sex.]

E4. How is a boyfriend different from someone you are having sex with who is just a friend (friends with benefits)?

[short answer]

Probe. If you were having sex with someone who is not your boyfriend, what do you call that [that person]?

E5. How is a boyfriend different from someone you might have sex with in exchange for something like money or clothes and stuff?

[short answer]

E6. If someone is your boyfriend does it mean that you should only have sex with that person or are you free to have sex with others?

[Interviewer: If needed, ask a ‘What if question.’ What if [a friend had sex with someone else] even though she had a boyfriend. What would you think of that?]

[short answer]

Other Sexual Relationships:

**These next questions ask about your views on and experiences with
boyfriends and having sex.**

E7. What would your ideal boyfriend be like, that is someone you are in love with
and may be having sex with?

[Long Answer]

Probe each as needed:

How old would your ideal person be?

What would he look like?

What kind of person would he be like (e.g., respectful, reliable, honest, loyal,
exciting, dangerous, have your back)?

Would he have a job?

Would it be important for him to be religious or go to church?

Would it be important for him to be going to school or want that?

E8. How important is it for teenagers to have a boyfriend or a girlfriend?

[short answer]

E9. What do you think it means to a guy to have a girlfriend?

[Long answer]

Probe as needed: Do guys see this the same way you do or different?

[short answer]

Probe: How so?

[Long answer]

E10. Do you have a boyfriend? That is someone you are going-with, that you might feel romantic about? [yes, no]

[Interviewer: If Yes to E10, skip to E10f]

E10a. [If no, ask:] Have you had a boyfriend in the past couple of years? [yes, no]

[Interviewer: If No to E10a, and E10: No Boyfriend Ever, Skip to E15.1a]

[Interviewer: These next questions, E10b to E10e, are about Rs most recent ex-boyfriend.]

E10b. Thinking about your most recent ex-boyfriend, what kinds of things did you and he [your ex-boyfriend] like to do? [short answer]

E10c. Were you and your ex-boyfriend having sex? [yes, no]

E10d. Did you have sex with anyone else while you were going with your ex-boyfriend?

[yes, no]

E10e. Did your ex-boyfriend have sex with anyone besides you while you were going together? [yes, no]

[If No to E10 and Yes to E10a: R has a past, but no current Boyfriend, skip to instructions before E11]

[Has Boyfriend, ask E10f]

E10f. What kinds of things do you and your boyfriend like to do? [short answer]

E10g. Are you having sex with your boyfriend? [yes, no]

E10h. Do you have sex with anyone else besides your boyfriend? [short answer]

E10i. Does your boyfriend have sex with anyone besides you? [short answer]

[Has/Had Boyfriend, read instruction below]

Relationships can be respectful or disrespectful. These next questions ask about respect and disrespect in relationships.

E11. What does it mean to you to show your boyfriend respect?

[Long Answer]

Probe Each and get examples:

How does a girl show that she respects her boyfriend?

What might a girl do to show she disrespects her boyfriend?

E12. What are some of the things a boyfriend might do to show you disrespect?

[long answer]

E13. How would a boyfriend act towards you if he were being respectful of you?

[long answer]

These next questions are about getting advice on boyfriends.

[Interviewer: If R does not understand the term advice, try an alternative term or rephrase as, “ideas have you gotten about...”]

[Interviewer: The term sex in the Probes for E14 and E15 is more generic, it could be advice on anything (e.g., birth control, STDs) about sex and boyfriends, not necessarily on how to have sex]

E14. Have you gotten advice about boyfriends from somewhere, like magazines, books, or the Internet?

[short answer]

Probe as needed. Have you gotten advice on boyfriends and sex?

E14a. What kind of advice have you gotten?

[Long Answer]

E15. Have you asked another person for advice on boyfriends? [yes, no]

E15a. Who did you get advice from?

[Short answer]

E15b. What kind of advice did they give you?

[Long Answer]

Probe as needed. Has the advice included advice on boyfriends and sex?

[If R has had a boyfriend in the past/currently, Skip to Instructions Before

E16]

[Interviewer: If No Boyfriend Ever, ask E15.1a]

E15.1a. Earlier you mentioned that you haven't had a boyfriend yet. However, have you ever talked to anyone, or saw or read things that have told you about what it might be like to have a boyfriend? [short answer]

Probe Response for each:

What age it is ok to have a boyfriend?

How to get a boyfriend?

Probe R for all the possible sources that she may have learned things about boyfriends from: magazines, books, the Internet, or a person.

These next questions are about boyfriends and sex.

[**Interviewer:** In this section by sex we mean having oral, vaginal, anal sex]

[**Interviewer:** For those who have never had a boyfriend, ask R to imagine that she has a boyfriend she is having sex with.]

E16. If you have/had a boyfriend, would you expect him to have sex only with you?

[yes, no]

E16a. [If yes, ask:] Why do you think that is important to you?

[short answer]

E17. What do you think about guys who have lots of sex partners besides their girlfriend? [short answer]

Probe: Why do you think you feel this way?

[short answer]

Probe: Do you think other girls feel pretty much like you do or different? [short answer]

E17a. What does it mean to you for a teenager to have “a lot of sexual partners;” That is, in your opinion about how many sexual partners might that be? [Short answer]

[Interviewer: look for a number or a range of numbers; Clarify as needed that we are talking about teenage years.]

E18. What do you think about girls who have lots of sex partners besides their boyfriend? [short answer]

Probe: Why do you think you feel this way?

[short answer]

Probe: Do you think other girls feel pretty much like you do or different? [short answer]

This next question asks you to imagine what your ideal or perfect sex partner might be like?

E19. First, tell me what is your idea of the ideal guy that you would want to have sex with? [Long answer]

[Interviewer: This item differs from the item about ideal boyfriends. Here we want to focus on an ideal person to have sex with.]

Probe each:

How old would you want him to be?

What would he look like and what kind of person would he be like (e.g., respectful, reliable, honest, loyal, exciting, dangerous, have your back)?

Would he have a job?

Would it be important for him to be a religious person or go to church?

Would it be important for him to be the kind of person who would be or is a good dad?

Would it be important for him to be going to school or want that?

E20. If you wanted to live with a guy or get married, what would that guy need to be like?

Probe each:

How old would your ideal person be?

What would he look like and what kind of person would he be like (e.g., respectful, reliable, honest, loyal, exciting, dangerous, have your back)?

Would he have a job?

Would it be important for him to be a religious person or go to church?

Would it be important for him to be the kind of person who would be or is a good dad?

Would it be important for him to be going to school or want that?

These last questions ask about how you think guys and girls should show respect to each other. This is not asking about boyfriends but guys in general.

E21. What does it mean to you to show a guy respect? [Long answer]

Probe Each:

How does a girl show that she respects a guy?

What might a girl do to show she disrespects a guy?

E22. What are some of the things a guy might do to show you disrespect? [Long answer]

E23. How would a guy act towards you if he was being respectful of you?

[Long answer]

Section F

These next questions are about talking to guys about sex. When people talk about sex they sometimes talk about the things they like to do sexually or they might talk about health stuff like birth control, condoms, or STDs.

These first questions ask about how you would feel talking about different kinds of sexual things with a boyfriend. If you don't have a boyfriend, use your imagination to think about what it would be like to talk to a boyfriend about these things.

[**Interviewer.** Emphasize that R does not have to have ever talked to a guy about sex. If they have not, then ask them to imagine what it would feel like to do so.]

[**Interviewer, if needed:** Remind R that boyfriends are someone you are going-out with, feel romantic about, and may be having sex with.]

[**Interviewer:** R is being asked about how they feel about talking about sexual matters, that is, are they comfortable, uncomfortable, embarrassed, find it easy, find it hard to do, etc?; We are not asking about the actual experience until item F7]

F1. How would you feel about talking to a boyfriend about sexual health matters or things you like to do when you have sex?

Probe as needed for specific topics:

How about talking about birth control?

How about talking about condoms?

How about talking about STDs?

How about talking about the things you might want to do when you have sex?

F2. How would you feel talking about these kinds of sexual things [**see Probes**] with a guy you are having sex with but who is not your boyfriend?

[short answer]

Probe each as needed:

How about talking about birth control?

How about talking about condoms?

How about talking about STDs?

How about talking about the things you might want to do when you have sex?

F3. How do you think other girls your age feel about talking to a boyfriend about these kinds of sexual things?

[short answer]

[If R has never had a boyfriend, Skip to Interviewer instructions before F5.]

F4. Have you ever talked to a boyfriend about sex? [yes, no]

[Interviewer: If No skip to Instructions before F5]

F4a. [If yes, ask:] What kinds of things have you talked about?

F4b. [If yes, ask] Is there anything you would be uncomfortable talking to a boyfriend about [when it comes to sex]?

[**Interviewer:** Define “new guy” as someone you just got to know or only recently met]

F5. How would you feel talking to a new guy about these different kinds of sexual things [see Probes]?

[short answer]

Probe each as needed:

How about talking about birth control?

How about talking about condoms?

How about talking about STDs?

How about talking about the things you might want to do when you have sex?

[**Interviewer:** Record response to F5 as to actual experience with talking to a new guy about condoms, for use in rephrasing G12. That is, if the respondent describes having done these things, then the question you ask in G12 reflects this prior information.]

F6. How do you think other girls your age feel about talking to a new guy, someone they just got to know, about sexual things?

[short answer]

F7. Who do you think is better at it when it comes to talking about sex, guys or girls? [Guys, Girls; short answer]

Probe: Why do you think that is?

[short answer]

These next questions ask about who should make decisions about sex, guys or girls.

F8. Do you think the guy or the girl should make the first move when it comes to having sex for the first time?

[Guys, Girls; short answer]

F9. When it comes to using condoms, who should decide if the guy has to wear a condom, the guy or the girl?

[Guys, Girls; short answer]

F10. If you had a sex partner who wanted to use condoms and you did not, what would you do?

[short answer]

F10a. What if you wanted to use a condom and he did not, what would you do?
[short answer]

F11. Has there been a time when you and your sex partner disagreed about using condoms? [yes, no]

F11a. [If yes ask] Tell me what happened?

[long answer]

Probe: Was a decision reached?

Probe: Who made the decision?

F12. When it comes to using birth control, who should take care of these things?

[Guys, Girls, Both; short answer]

F12a. [**If Guy is Responsible, ask:**] Why do you think the guy should take care of these things?

[short answer]

F12b. [**If Girl is Responsible, ask:**] Why do you think the girl should take care of these things?

[short answer]

F12c. [**If Both Responsible, ask:**] Why do you think both the guy and the girl should take care of these things? [short answer]

Section G

As teenagers become adults they learn a lot about relationships, and about sex. That's part of being a teenager.

These next questions ask about where you may have learned about sex. The things people learn about sex might come from talking to someone, reading, or watching TV.

This first question asks about where you might have learned things about birth control. Birth control includes condoms, birth control pills and shots, IUDs, and diaphragms.

G1. Have you or a sex partner ever used birth control? [yes, no]

G2. Have you learned about birth control from **[Read Each]**...

G2a. Did you learn from Friends?

G2a1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a boyfriend, Skip to G2c]

G2b. Did you learn from boyfriends?

G2b1. **[If yes, ask:]** What did you learn from them?

[short answer]

G2c. Did you learn from Family:

G2c1. [**If yes, ask:**] What did you learn from them?

[short answer]

G2d. Did you learn from teachers, coaches:

G2d1. [**If yes, ask:**] What did you learn from them?

[short answer]

G2e. Did you learn from a minister or pastor or religious readings:

G2e1. [**If yes, ask:**] What did you learn from them/that?

[short answer]

G2f. Did you learn from other adults you know:

G2f1. [**If yes, ask:**] What did you learn from them?

[short answer]

G2g. Did you learn from TV, Movies, Radio, Books, Magazines:

G2g1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G2h. Did you learn from the Internet: Facebook, You Tube, Myspace:

G2h1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

This next question asks about where you might have learned things about using condoms to avoid getting a disease (an STD).

G3. Have you or a sex partner ever used condoms to avoid getting a disease? [yes, no]

G4. Have you learned about condoms from [**Read Each**]...

G4a. Did you learn from Friends?

G4a1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a boyfriend, Skip to G4c]

G4b. Did you learn from boyfriends?

G4b1. **[If yes, ask:]** What did you learn from them?

[short answer]

G4c. Did you learn from Family:

G4c1. **[If yes, ask:]** What did you learn from them?

[short answer]

G4d. Did you learn from Teachers, coaches:

G4d1. **[If yes, ask:]** What did you learn from them?

[short answer]

G4e. Did you learn from a minister or pastor or religious readings:

G4e1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G4f. Did you learn from other adults you know:

G4f1. **[If yes, ask:]** What did you learn from them?

[short answer]

G4g. Did you learn from TV, Movies, Radio, Books, Magazines:

G4g1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G4h. Did you learn from the Internet: Facebook, You Tube, Myspace:

G4h1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

These next questions are about your opinions about sex and what you think has influenced your opinion.

[Interviewer: These next few questions are about numbers of sex partners in general, which differs from earlier questions that ask about numbers of sex partners while you have a boyfriend.]

G5. First, do you think it is ok for teenage girls to have a lot of different sex partners or do you disagree with that?

[short answer]

[Interviewer: Probe as needed to elicit R's opinion]

G5.1. How about guys, do you think it is ok for teenage guys to have a lot of different sex partners or do you disagree with that? [short answer]

[Interviewer: Probe as needed to elicit R's opinion]

G5.1a. Who do you know that shares your opinion [On Questions **G5** and **G5.1** above]?

Probe each:

Friends?

[If R has never had a Boyfriend, Skip to FAMILY]

Boyfriends?

Family?

Probe: Which family members share your opinion?

Teachers or Coaches?

Ministers, pastors?

Other adults you know?

G5.2. Have you seen or heard opinions like yours [On questions **G5** and **G5.1** above]

Probe Each:

On TV, Movies, and the Radio,

On the Internet: Facebook, You Tube, Myspace:

In Books and Magazines

This next question is about what you might do if you thought you had an STD

[Interviewer: If needed: STDs are sexual diseases you can get from having sex; those that you might have heard of are Chlamydia, gonorrhea, herpes, and syphilis.]

G6. What would you do if you thought you had an STD?

Probe: Would you go get tested at a clinic?

Probe: Where would you go?

Probe: Have you ever been told by a doctor or nurse that you have an STD?

G7. Have you learned about where to go to get tested for STDs from [**Read Each**]...

G7a. Did you learn from Friends?

G7a1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a Boyfriend, Skip to G7c]

G7b. Did you learn from boyfriends?

G7b1. **[If yes, ask:]** What did you learn from them?

[short answer]

G7c. Did you learn from Family:

G7c1. **[If yes, ask:]** What did you learn from them?

[short answer]

G7d. Did you learn from Teachers, coaches:

G7d1. **[If yes, ask:]** What did you learn from them?

[short answer]

G7e. Did you learn from a minister or pastor or religious readings:

G7e1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G7f. Did you learn from other adults you know:

G7f1. **[If yes, ask:]** What did you learn from them?

[short answer]

G7g. Did you learn from TV, Movies, Radio, Books, Magazines:

G7g1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G7h. Did you learn from the Internet: Facebook, You Tube, Myspace:

G7h1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G8. This next question asks about what you would do if someone was putting pressure on you to have sex and you didn't want to have sex with him.

G8a. If it was a new guy (someone you just met) who was putting pressure on you, what would you do to let him know you did not want to have sex with him?

[short answer]

G8b. If it was someone who was a friend who was pressuring you, what would you do to let him know you did not want to have sex with him?

[short answer]

G8c. If it was an Ex-boyfriend who was pressuring you, what would you do to let him know you did not want to have sex with him?

[short answer]

G8d. If it was a current boyfriend who was pressuring you, what would you do to let him know you did not want to have sex with him?

[short answer]

[Interviewer: If R said “Don’t Know” or “I just go along” to Items G8a to G8d, then Skip to Instructions before G10]

G9. You just told me about some ways to avoid having sex with someone you don't want to have sex with. Have you learned about ways to avoid having sex from **[Read Each]**...

G9a. Did you learn from Friends?

G9a1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a Boyfriend, Skip to G9c]

G9b. Did you learn from boyfriends?

G9b1. **[If yes, ask:]** What did you learn from them?

[short answer]

G9c. Did you learn from Family:

G9c1. **[If yes, ask:]** What did you learn from them?

[short answer]

G9d. Did you learn from Teachers, coaches:

G9d1. **[If yes, ask:]** What did you learn from them?

[short answer]

G9e. Did you learn from a minister or pastor or religious readings:

G9e1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G9f. Did you learn from other adults you know:

G9f1. **[If yes, ask:]** What did you learn from them?

[short answer]

G9g. Did you learn from TV, Movies, Radio, Books, Magazines:

G9g1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G9h. Did you learn from the Internet: Facebook, You Tube, Myspace:

G9h1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

These next questions ask about how you have learned to meet guys and talk to them.

G10. Meeting a new guy that you are feeling attracted to can be difficult. Have you learned about how to meet a new guy from someone and what ideas did you get from them? **[Read Each]**

G10a. Did you learn from Friends?

G10a1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a Boyfriend, Skip to G10c]

G10b. Did you learn from boyfriends?

G10b1. **[If yes, ask:]** What did you learn from them?

[short answer]

G10c. Did you learn from Family:

G10c1. **[If yes, ask:]** What did you learn from them?

[short answer]

G10d. Did you learn from Teachers, coaches:

G10d1. **[If yes, ask:]**What did you learn from them?

[short answer]

G10e. Did you learn from a minister or pastor or religious readings:

G10e1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G10f. Did you learn from other adults you know:

G10f1. **[If yes, ask:]** What did you learn from them?

[short answer]

G10g. Did you learn from TV, Movies, Radio, Books, Magazines:

G10g1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G10h. Did you learn from the Internet: Facebook, You Tube, Myspace:

G10h1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G11. Earlier we asked about talking to a new guy, someone you recently met, about sexual things you might like to do. Have you learned to talk to a new guy about sexual things you might like to do with him from **[Read Each]**...

G11a. Did you learn from Friends?

G11a1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a Boyfriend, Skip to G11c]

G11b. Did you learn from boyfriends?

G11b1. **[If yes, ask:]** What did you learn from them?

[short answer]

G11c. Did you learn from Family:

G11c1. **[If yes, ask:]** What did you learn from them?

[short answer]

G11d. Did you learn from Teachers, coaches:

G11d1. **[If yes, ask:]** What did you learn from them?

[short answer]

G11e. Did you learn from a minister or pastor or religious readings:

G11e1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G11f. Did you learn from other adults you know:

G11f1. **[If yes, ask:]** What did you learn from them?

[short answer]

G11g. Did you learn from TV, Movies, Radio, Books, Magazines:

G11g1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G11h. Did you learn from the Internet: Facebook, You Tube, Myspace:

G11h1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

[Interviewer: If R indicated in F5 that she has previously talked to a new guy about condoms, birth control or STDs, rephrase G12:

“These next questions ask about how you learned to talk to guys about condoms, birth control, or STDS.”

Then go to G12a and proceed as indicated]

G12. Have you ever talked to a new guy about sexual health things like using condoms, or birth control, or STDs? [yes, no]

G12a. **[If yes, ask:]** Have you learned to talk to a new guy about sexual health things like condoms, or birth control, or STDs from **[Read Each]**...

G12b. **[If no, ask:]** Even though you have not talked to a new guy about sex, have you learned something about ways you might talk to a new guy about condoms, birth control, or STDs from someone such as **[Read Each]**...

[Interviewer: If R says she has never learned anything about this from anyone, SKIP TO SECTION H]

G12c. Did you learn from Friends?

G12c.1. **[If yes, ask:]** What did you learn from them?

[short answer]

[If R has never had a boyfriend, Skip to G12e]

G12d. Did you learn from boyfriends?

G12d.1. **[If yes, ask:]** What did you learn from them?

[short answer]

G12e. Did you learn from Family:

G12e.1. **[If yes, ask:]** What did you learn from them?

[short answer]

G12f. Did you learn from Teachers, coaches:

G12f.1. **[If yes, ask:]** What did you learn from them?

short answer]

G12g. Did you learn from a minister or pastor or religious readings:

G12g.1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

G12h. Did you learn from other adults you know:

G12h.1. **[If yes, ask:]** What did you learn from them?

[short answer]

G12i. Did you learn from TV, Movies, Radio, Books, Magazines:

G12i.1. **[If yes, ask:]** What did you learn from them/that? [short answer]

G12j. Did you learn from the Internet: Facebook, You Tube, Myspace:

G12j.1. **[If yes, ask:]** What did you learn from them/that?

[short answer]

Section H

H1. Thinking about all the things we have talked about today, who have you learned things from about having sex, or sexual health matters (e.g., birth control, or STDs) that has given you information that was helpful to you in some way? That is you learned something you wanted or needed to know about. **[Read Each]**

H1a. Have you learned anything about having sex, or sexual health matters from Friends that was helpful?

[yes, no]

H1a1. **[If yes, ask:]** What did you learn from them that was helpful?

[If R has never had a boyfriend, Skip to H1c]

H1b. Have you learned anything about having sex, or sexual health matters from boyfriends that was helpful?

[yes, no]

H1b1. **[If yes, ask:]** What did you learn from them that was helpful?

[short answer]

H1c. Have you learned anything about having sex, or sexual health matters from Family that was really helpful? [yes, no]

H1c1. **[If yes, ask:]** What did you learn from them that was helpful?

H1d. Have you learned anything about having sex, or sexual health matters from teachers, coaches that was really helpful?

[yes, no]

H1d1. **[If yes, ask:]** What did you learn from them that was helpful?

H1e. Have you learned anything about having sex, or sexual health matters from other adults you know that was helpful?

[yes, no]

H1e1. **[If yes, ask:]** What did you learn from them that was helpful?

H1f. Have you learned anything about having sex, or sexual health matters from doctors, other health workers, at a clinic that was really helpful?

[yes, no]

H1f1. **[If yes, ask:]** What did you learn from them that was helpful?

H1g. Have you learned anything about having sex, or sexual health matters from ministers, pastors, or religious reading that was helpful?

[yes, no]

H1g1. **[If yes, ask:]** What did you learn from them that was helpful?

H1h. Have you learned anything about having sex, or sexual health matters from TV, Movies, Radio, Books, Magazines that was helpful?

[yes, no]

H1h1. **[If yes, ask:]** What did you learn from them that was helpful?

H1i. Have you learned anything about having sex, or sexual health matters from the Internet: You Tube, Facebook, Myspace, or chat rooms that was helpful?

[yes, no]

H1i1. **[If yes, ask:]** What did you learn from them that was helpful?

Section I

These last few questions are about having children and living with someone.

I1. Do you have children? [yes, no]

[If no to I1, skip to I4]

I2. How many children do you have?

I2a. Is/Are he/she/they a boy(s) or girl(s)?

I2b. What is/are his/her/their age(s) and

I2c. Does he/she/they live with you?

I3. Has having a child changed your opinions about sex or using birth control? [yes, no]

I3a. [If yes, ask:] How have your opinions changed?

[short answer]

Probe: What has changed? R's views on sex, talking about sex, birth control?

[short answer]

[If yes to I1, Skip to 15]

I4. How old do you think you will be when you have your first child?

[age range]

I5. Do you think guys and girls feel the same about when is a good time to have children? [short answer]

Just a few more questions and we are done.

We've been talking about teens for most of the interview. Now I have a few questions about adults. The next two questions ask for your opinions about how men and women should make decisions about some daily life issues.

I6. When a man and woman get married or live together, who do think should make most of the decisions about [**Read Each**] ...

I6a. How to spend money?

[short answer]

I6b. How to raise kids if they have them?

[short answer]

This next question asks about what you think the messages and images are of adult (African American or Black) men and women in the world today. Again, we're asking for your ideas about adult men and women.

I7. What messages or ideas do you think you have gotten about what women should be like?

[short answer]

[Interviewer: Also use examples as needed, for example: Ideas or messages about how people should look, act, live their life, treat the opposite sex, and so on. Ask R to be specific about what they believe they are hearing/seeing.]

I have one last question and then we are done. This last question asks about how you see the future and life in general. I want you to imagine what life will be like when you're older, say 25 to 30 years old.

I8. What will life be like for you then?

[short answer]

Probe each as needed:

What do think you'll be doing when you're 25 to 30 years old?

[short answer]

What kind of work might you be doing?

[short answer]

Do you think you might have kids (or more kids)?

[short answer]

Who might you be living with?

[short answer]

Where might you be living?

[short answer]

TURN OFF RECORDER AFTER
COMPLETING THIS SECTION.

V. Conclusion

Ok that's all the questions I have today. I want to thank you for your help and for talking about your experiences and opinions. Do you have any final questions or

comments? I'd like to mention again that we keep all your information confidential.

Okay, thanks again.

Time Interview Ended: _____

VI. Post-Interview Data

After the interview is over and you've left the informant, spend a few moments dictating the following thoughts **into the recorder**.

Label it: Final Comments by: _____

1. Where was the interview done?
2. Give the date, day of the week and time of day the interview took place.
3. Provide a verbal description of respondent's appearance -- apparent maturity, physical appearance, articulateness, etc.

4. Were there other people present other than the interviewee? Explain any third voices heard on the tape. Explain any interruptions. Explain anything unusual that happened during the interview.
5. How comfortable was respondent with the interview process?
6. How honest do you think respondent was?
7. Did respondent display any emotion that you think needs further explanation?
8. How comfortable were you with the interview? Did you have any emotional reactions to respondent that might have colored how you did the interview?
9. Mention any observations of things that might make the comments on the tape more clear -- anything you noticed that you think may not have come through on the tape.
10. Mention any thoughts you have about this interview compared to others you have done. Is there anything that you want the analyst to take special note of?
11. Reflect on the content of the interview? Give any analytic thoughts you have? Does this have a lot of new info in it? Or is it the same as others? Any internal contradictions in R's interview you noticed?

APPENDIX B: CODEBOOK

What's Romance Got to Do With It? Sexual Health Outcomes of Relationship Dynamics among Urban African American Adolescents

DIRECTIONS

- All codes will be used for male AND female cases.
- Although respondents may not mention the words listed in the codebook, the analyst should code for concepts. For example, the word “monogamy” may or may not be used, but its concepts should be coded (as it is defined by the codebook).
- Some passages may require two or more codes, while other passages may only require one code or no code(s).
- Some codes are used to designate respondent characteristics (i.e., sexual experience, relationship status, current and past monogamous status, current and past partner’s monogamous status, condom behaviors). Fill in each respondent’s characteristics in the table directly after coding the case.
- Do not code passages that reference information the respondent has been told by other people UNLESS it is by a girlfriend/boyfriend/sex partner; code only beliefs held by the respondent or the girlfriend/boyfriend or sex partner.
- Participant’s gender is noted:
 - in the case identifier numbers;
 - by participant category code tables (i.e., there is one table including all male participants and one including all female participants); and
 - should be noted at the top of each hard copy transcript- M (male) or F (female)

SEXUAL EXPERIENCE

The purpose of this code is to capture information about the respondent’s level of sexual experience. This code may be used with other codes in this book.

- (1) **Sexual experience [SEX/EXP]**: Code passages that provide information about a participant’s experience with sex. For example, if the respondent has had only one partner, but has had sex with his/her partner frequently, then the participant is “not limited” in his/her sexual experience; if the participant has had only one partner and has had sex with that one person only once or twice, then he/she has “limited” experience. After each case has been coded, categorize the respondent’s sexual experience in the category table using one of the following descriptions:

- a. *limited*- the participant has had sex, but minimally (once or twice)
- b. *not limited*- the participant is experienced sexually and has had sex more than one or twice

CONDOMS

The purpose of codes in this category is to identify data that indicates the respondent's condom behaviors AND their attitudes, beliefs, and expectations about condoms. Codes one and two may be double coded with each other, and with other codes in this book.

- (1) **Condom use [CONDOM/USE]**: Code passages that indicate how often the participant uses condoms. After each case has been coded, categorize the respondent's condom use in the category table using one of the following descriptions: (a) **always**, (b) **sometimes**, or (c) **never**.”
- (2) **Condom attitudes, beliefs, expectations [CONDOM/ABE]**: Code passages that provide information about a participant's beliefs, attitudes, and expectations as they relate to using condoms. Data that indicates positive OR negative condom attitudes and beliefs should be coded. Passages that indicate when a participant expects OR does not expect a partner to use condoms should be coded. For example, “I hate condoms, but I think people should use them. I always use them.” This passage would be coded as “CONDOM/USE” and “CONDOM A/B/E.”

Also code passages that relate to what the respondent thinks the opposite gender thinks about condoms. For example, if a male participant says, “I think girls like condoms.”

RELATIONSHIP

The purpose of codes in this category is to identify respondents' romantic relationship history and current romantic relationship experience. Codes one and two may be double coded with each other, and with other codes in this book.

- (1) **Relationship status [RELATION/STAT]**: Code passages that provide information about a respondents' current AND/OR past relationship status. After each case has been coded, categorize the respondent's relationship status in the category table using one of the following descriptions:
 - a. *current GF/BF*- has a current girlfriend/boyfriend who is the only girlfriend/boyfriend the respondent has ever had

- b. *past GF/BF*- had a girlfriend/boyfriend in the past, but not currently
- c. *current and past GF/BF* – has a current boyfriend/girlfriend and had a girlfriend/boyfriend in the past
- d. *never GF/BF*- has never been with someone who he/she considers a boyfriend/girlfriend

(2) **Relationship descriptions/definitions [RELATION/DEFINE]**: Code passages that provide information about the way respondents perceive romantic relationships. This code should include only data that relates to the respondent's own perceptions and not what he/she has been told by others UNLESS it is by a girlfriend/boyfriend/sex partner. For example, code "...if you're my girlfriend I think it should involve sex." Do NOT code "...my cousin told me relationships don't last."

Do NOT code question F8, "Do you think the guy or the girl should make the first move when it comes to having sex for the first time?"

DO code question I6 a&b, "When a man and woman get married or live together, who do think should make most of the decisions about... ?" as RELATION/DEFINE.

MONOGAMY

The purpose of the codes under this category is to identify data that relate to participants' behaviors, attitudes, and beliefs about mutual, individual, and non-monogamy. Monogamy codes may be double coded with other codes in this book, but are not likely to be double-coded with each other.

Mark "ND" on the category tables when there are no data for any one or more of the participant and partner monogamy status categories.

(1) **Current monogamy status [MON/STAT/CURR]**: Use this to code a participant's current monogamous behavior. Code text that provides information about a participant's number of sexual partners at the time of the interview. After each case is coded, fill in one of the following categories for the respondent's current monogamous status in the table:

- a. *yes*- the respondent has only one sex partner
- b. *no*- the respondent has more than one concurrent sex partner
- c. *unknown*- the respondent does not report his/her monogamous status, or his/her status is unclear given the response

(2) **Past monogamy status [MON/STAT/PAST]**: Use this to code a participant's past monogamous behavior. Code text that provides information about a participant's number of sexual partners during his/her most recent past sexual relationship. After each case is coded, fill in one of the following categories for the respondent's past monogamous status in the table:

- a. *yes*- the respondent had only one sex partner
- b. *no*- the respondent had more than one concurrent sex partner
- c. *unknown*- the respondent does not report his/her past monogamous status, or his/her past monogamous status is unclear given the response

This code can be used on passages that reference any past sexual experiences. The tabled information should refer to the respondent's most recent past experience; if the tabled information references an experience prior to the most current past experience, provide a table note.

(3) **Current partner's monogamous status [MON/PART STAT/CURR]**: Use this code to identify the monogamous status of the participant's current partner. Code text that provides information about the number of sexual partners a participant's current partner (or multiple partners) has/have. After this information is coded for each participant, categorize it into one of the following categories in the table:

- a. *yes*- the respondent's partner has only one sex partner
- b. *no*- the respondent's partner has more than one concurrent sex partner
- c. *unknown*- the respondent does not report his/her partner's monogamous status, his/her partner's status is unclear given the response, or the respondent does not know the monogamous status of his/her partner

(4) **Past partner's monogamy status [MON/PARTSTAT/PAST]**: Use this to code the monogamous behavior of the respondent's past sex partner. Code text that provides information about the number of sexual partners of the respondent's past partner (or multiple partners) has/have. After each case is coded, fill in one of the following categories for the past partner's monogamous status in the table:

- a. *yes*- the respondent's past partner had only one sex partner
- b. *no*- the respondent's past partner has more than one concurrent sex partner
- c. *unknown*- the respondent does not report his/her past partner's monogamous status, or his/her past partner's status is unclear given the response

(5) **Monogamous attitudes, beliefs, expectations [MON/ABE]**: Use this code for any passages that relate to the respondent's attitudes, beliefs, and expectations about monogamy AND non-monogamy. Statements made about him/herself,

peers, partners, and general statements that do not refer to any one person in particular should be coded. Include statements made by the respondent that show he/she does and does not believe in/expect monogamy. For example, code “...should not cheat...” AND “...shouldn’t have to have one partner until marriage.”

This code is also used to identify a respondent’s perceptions about what happens when and if a person (him/herself or others) is monogamous OR non-monogamous. For example, code “...guys are players, pimps if they have to have more than one female.”

Code passages that provide information about attitudes, beliefs, and expectations about sex with more than one partner non-concurrently (i.e., serial monogamy) or concurrently.

COMMITMENT

The purpose of the codes under this category is to identify data that relates to participants’ behaviors, attitudes, beliefs, and expectations about romantic commitment. *Mutual romantic commitment* entails a decision between two people to remain romantically and emotionally loyal to one another. Codes one and two may be double coded with each other, and with other codes in this book.

Codes 1 (**COMM/RUS**) and 2 (**COMM/NEG**) should capture statements the participant makes about him/herself, and statements he/she makes about peers, partners, and general statement that do not refer to any one person or relationship in particular.

- (1) **Rusbult’s commitment model [COMM/RUS]:** Use this code to capture passages referencing the respondent’s attitudes, beliefs, expectations, and behaviors that relate to any one of the four factors Rusbult defined in his interpersonal commitment framework. The four factors are NOT categories that need to be distinguished when coding, but they need to be considered conceptually when coding.
- ***Psychological attachment*** - Code passages that provide information about a participant’s attitudes, beliefs, expectations, and behaviors regarding attachment OR lack of attachment to a dyadic union. For example, “It’s the longest I’ve ever messed with somebody and I felt like I have strong feelings for him... I can’t go without him...”
 - ***Desire for relationship longevity*** – Code passages that provide information about a participant’s attitudes, beliefs, expectations, and behaviors regarding hope OR lack of hope for relationships to last long-

term. For example, "... I have a girlfriend [but] I got my whole life ahead of me. Maybe I still be with her; maybe I'll find somebody else."

- ***Intention to stay in a relationship*** – Code passages that provide information about a participant's attitudes, beliefs, expectations, and behaviors regarding desire to be and stay in a relationship OR desire not to be with and stay in a relationship. For example, "...it's kind a scary... Like giving up everything and just being with one person."
- ***Availability of other people to meet romantic needs*** – Code passages that provide information about a participant's attitudes, beliefs, expectations, and behaviors regarding one partner being able to fulfill needs OR not fulfill needs. For instance, "I got too many needs. And she can't really please them all..."

- (2) **Negotiating commitment [COMM/NEG]**: Code passages that provide information about a participant's behaviors, attitudes, beliefs, and expectations regarding negotiating with a partner committing to a romantic relationship OR to not committing to a romantic partner. For example, ".....She's waiting on me to [commit]. But I don't really know right now..."

TRUST

The purpose of this category is to identify data that relates to *interpersonal romantic trust*, which is defined as the belief in the reliability of a sex partner or romantic partner. Coded data should relate to the attitudes, beliefs, expectations, and behaviors about the reliability and honesty AND the unreliability and dishonesty of a sex partner or romantic partner. This code may be used with other codes in this book.

- (1) **Rotenberg's trust model [TRUST/ROT]**: Use this to code passages referencing the respondent's attitudes, beliefs, expectations, and behaviors that relate to any one of the three factors that make up Rotenberg's interpersonal trust framework. The three factors are NOT categories that need to be distinguished when coding, but they need to be considered conceptually when coding.

- ***Reliability*** - Code passages that provide information about a participant's attitudes, beliefs, expectations, and behaviors regarding a romantic partner's ability to follow through as expected OR not follow through as expected. For example, "...I just don't believe that he's just being with me..."
- ***Emotional trust*** – Code passages that provide information about a participant's attitudes, beliefs, expectations, and behaviors regarding a romantic partner's ability to behave as expected OR not as expected. For example, "...I mean, it's just, I caught him too many times I know so many girls that he's gonna have sex with..."

- **Honesty** – Code passages that provide information about a participant’s attitudes, beliefs, expectations, and behaviors regarding a romantic partner’s ability to behave as he/she says OR not behave as he/she says. For example, “He said [he was monogamous], but I don’t believe it... Because his reputation [of a whore] and I still see him around females...”

RESPECT

The purpose of codes in this category is to label data that relates to respect as it plays out in romantic relationships, and specifically the role it plays in monogamy, commitment, and trust within adolescent romantic relationships. *Romantic respect* is defined as, “an expression of high or special regard.” Codes one and two will not likely be double coded with each other, but may be used with other codes in this book.

Code only passages that reflect respect as it plays out in romantic relationships and do not code passages that reflect respect as it plays out in platonic relationships. Thus, do *not* code questions E21-E23, "These last questions ask about how you think guys and girls should show respect to each other. This is not asking about boyfriends but guys in general" unless the respondent makes references that relate directly to romantic relationships.

- (1) **Respect within a dyadic union [RESPECT/COUPLE]**: Code passages that relate to respect OR disrespect as it is experienced or perceived within a couple. This should include emotional support (or lack of), physical affection (or lack of), caring for a person with tangible support (or not), acceptance of a person and providing them with personal space (or not), no physical or verbal violence and/or no name calling (or violence/name calling), and not pressuring a partner to have sex (or pressuring to). For example, “... [respect is] you don’t touch her in a spot you know she don’t wanna be touched even though she your girlfriend.”
- (2) **Respect outside a dyadic union [RESPECT/OUTSIDE]**: Code passages that relate to respect OR disrespect as it is experienced or perceived outside a couple, and in public (i.e., others are involved in the respect/disrespect). This should include behaving sexually by maintaining monogamy and not flirting with others (or not behaving sexually), and behaving with manners by acting gentlemanly or lady-like (or not behaving with manners). For example, “[respect is] you don’t talk to no other girls while you’re in front of her.”