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Communication About HIV In The Black Gay Community: Factors That Influence Willingness To Ask a Partner To Wear a Condom, Ask a Partner's HIV Status, and Disclose One's HIV own Status

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COMMUNICATION ABOUT HIV IN THE BLACK GAY COMMUNITY: FACTORS THAT INFLUENCE WILLINGNESS TO ASK A PARTNER TO WEAR A CONDOM, ASK A PARTNER'S HIV STATUS, AND DISCLOSE ONE'S HIV OWN STATUS

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Abstract

The CDC (2013) reported an unparalleled 50 percent increase in HIV infections in young Black MSM from 2003 to 2009. Dense, homogenous sexual networks are believed to be a major contributing factor to unparalleled transmission rates; if so, communication within these networks about HIV status and condom use is essential to fighting this epidemic. Yet there is a dearth of research on how Black gay men communicate about condom use and HIV status. This study explored how perceived risk, HIV knowledge, perceived trust, desire for a masculine partner, and perceived mate value influenced three important HIV risk-reducing communication behaviors: willingness to ask a partner to wear a condom, willingness to ask a partner's HIV status, and willingness to disclose one's own HIV status. An online survey was used to collect data from 58 participants. Correlational analysis revealed mixed support for hypothesized relationships. Implications for health communication and outreach campaigns are discussed.

Literature Review

In the United States, there are more than 1.2 million persons living with Human Immunodeficiency Virus (HIV), including the estimated 180,900 individuals who are unaware of their infection (Centers for Disease Control and Prevention; CDC, 2013). Increased awareness and treatment developments have helped virtually all demographic groups except one: men who have sex with other men (MSM). In fact, MSM is the only demographic that has observed a significant increase in HIV positive diagnoses. Despite representing a mere four percent of the total domestic population, MSM account for a staggering 63 percent of new infections (CDC, 2013). The rate of infection amongst MSM exceeds 40 times that of women and 44 times of heterosexual men.

The Black MSM community is proportionally the single most infected group (CDC, 2013). The CDC (2013) reported an unparalleled 50 percent increase in HIV infections in young Black MSM from 2003 to 2009. Furthermore, a groundbreaking study conducted by The National Institute of Health in 2012 found that one in four Black men who self-identify as gay will be HIV positive by age 25, and 60 percent will have the virus by age 40 (Stover, 2012).

Multiple theories have been proposed to explain this epidemic. Colloquially, it is believed that Black gay men are inherently more promiscuous than their White counterparts; in other words, they engage in unprotected anal intercourse and other risky behaviors more frequently than other races (Jarret, 2013; Millet, Peterson, Wolitski, & Stall, 2006). Multiple studies, however, debunk this myth: Black gay men have not been found to engage in more HIV risk-related behaviors (Cairns, 2013; Clerkin, Newcomb, & Mustanski, 2011; Newcomb & Mustanki, 2013; George, Adam, Read, Husbands, Remis, Makoroka, & Rourke, 2012; Phillips, Outlaw, Hightow-Weid, Jones, Wohl, Futterman, Skinner, Fields, & Hidalgo, 2011). In fact, Clerkin,

Newcomb and Mustanski (2011) found that individuals of all races are less likely to have unprotected sex with Black partners. Their study, which featured 117 gay men who reported sexual behaviors over an 18-month period, found that Black gay men actually have higher rates of condom use when engaging in sexual intercourse. Similar research has found that Black gay men report significantly less instances of unprotected sex than other groups, especially White gay men (Newcomb & Mustanki, 2013; Millett et al., 2006; Rosenberger, Reece, Schick, Herbenick, Novak, Pol & Fortenberry, 2012).

Moreover, research shows that the sexual networks of Black gay men are racially homophilous (Newcomb & Mustanki, 2013). Sexual networks arguably impact HIV transmission rates. Phil Wilson, Director of The Black AIDS Institute, has argued that Black gay men have smaller, denser sexual networks and are less likely to engage in sexual intercourse outside of their race when compared to other races (Martin, 2012). Empirical data supports Wilson's argument. A recent study by Newcomb and Mustanksi (2013) is one of the first studies to analyze how racial homophilia impacts a community's HIV infection rate. The study compared the rate of racial homophilia among Black and White gay men. Results showed Blacks maintain an almost impermeable sexual network, meaning Black gay men engage in intercourse almost exclusively with other Black gay men. In other words, although Black gay men do not engage in unprotected sex more frequently than other groups, the sexual networks in which they do engage contain more infected individuals. Therefore, when unprotected sex occurs, there is a greater likelihood their partner will be infected with HIV, exponentially increasing the risk of contracting HIV. It is vital that communication about HIV and condom use occur within these close-knit sexual networks. Unfortunately, little is known about what influences Black gay men's communication with sexual partners about HIV status and condom use.

Qualitative research has examined how Black gay men negotiate condom conversations and induce HIV related discussions (Otto-Salaj, Traxel, Brondino, Reed, Gore-Felton, Kelly & Stevenson, 2010, Rosenberger et. al, 2012). These studies have found that Black gay men do not possess negative attitudes toward condom use, but HIV communication remains taboo. Discussing the virus with a potential sexual partner is often times perceived as a sign of distrust. Public health and policy research have also examined epidemiological and structural variables that play a role in the HIV epidemic in the Black gay community. Although this research plays a vital role in understanding and battling the epidemic, it is as imperative to examine the communication practices within this group. Moreover, it is essential to better understand which social and psychological variables may play a role in facilitating or inhibiting communication about HIV and condom use. This study examines factors that may influence willingness to ask a partner to use a condom, willingness to ask a partner's HIV status, and willingness to disclose one's own HIV status.

Communicative Behaviors

Willingness to ask a partner to use a condom. There is a heteronormative bias in sexual health research, which is reflected in the lack of studies examining condom use in the Black gay community (Reece, Herbenick, Frottenberry, Dodge, Sanders & Schick, 2010). For example, a study titled "Getting your partner to use condoms: Interviews with men and women at risk of HIV/STDS," reported that the single most motivating factor in using a condom is to avoid pregnancy. This conclusion obviously has no relevance for Black MSM (Bird, Harvey, Beckman & Johnson, 2001). Also, studies that highlight condom use among gay men rarely focus on Blacks; instead, this demographic is arguably analyzed in passing (Rosenberger et al., 2012; Hoff & Wilson, 2012; & Reece et al., 2010). In other words, the data available is based on studies of

mostly White gay men, in which Black men represent a small proportion of the sample. The Black gay community, however, is different from other MSM groups on important factors such as age difference between partners, size of sexual network, and level of homogeneity in the sexual network (Newcomb & Mustanski, 2013, Martin, 2012, & Rosenberger et al., 2012). Therefore, studies analyzing condom use of gay men may not accurately reflect Black gay men. Because of this void, studies that specialize in condom use among Black gay men are crucial, especially considering consistent condom use is one of the most effective methods of preventing contraction of HIV (CDC, 2013).

Willingness to ask a partner's HIV status. Open sexual communication, including conversations regarding one's HIV status, remains important in maintaining a healthy relationship (Widman, Welsh, McNulty & Little, 2006). Widman and colleagues found that honest sexual communication is positively correlated with healthier sexual decisions. In turn, these informed decisions allow for a more satisfying sex life. Despite the connection between sexual communication and relational satisfaction, studies regarding one's willingness to ask their partner's HIV status are sparse. Most of the research surrounding communication regarding HIV status focuses on disclosure of one's own status, not asking about a partner's status. However, it is important for Black gay men to be proactive, not reactive, in the fight against HIV. Therefore, it is important to understand what factors may influence Black gay men's willingness to ask sexual partners about their HIV status.

Willingness to disclose one's own HIV status. Although there is little consensus regarding the link between HIV disclosure and sexual risk, multiple studies have concluded that Black gay men are less likely than Whites to disclose their HIV status to sexual partners (Bird, Fingerhut, & McKirnan, 2010; Sullivan, Peterson, Rosenberger, Kelley, Cooper, Vaughan,

Salazar, Frew, Wingood, DiClemente, del Rio, Mulligan & Sanchez, 2014). Using data from the CDC-funded HIV Treatment and Advocacy Program located in Chicago, Bird and colleagues (2011) found that Black gay men were less likely to disclose their status; this was concluded to be true regardless of the HIV status of the respondent. Similarly, a recent survey of 803 Black gay men found that "levels of pre-sexual discussion of HIV serostatus and of perceived serostatus were both significantly lower among Black MSM" (Sullivan et al., 2014, p. 94).Therefore, it is important to investigate the factors that may increase Black gay men's willingness to disclosure their own HIV status.

Influential Factors

In an attempt to better under the three communicative behaviors discussed above, perceived risk of contracting HIV, HIV-related knowledge, perceived trust, desire for a masculine partner, and perceived mate value were examined. Trust, perceived risk, and HIV knowledge have been documented as an important variable in condom use and HIV discussions (Widman et al., 2006; Schneider, Cornweel, Ostrow, Michaels, Schumm, Laumann, & Friedman, 2013). On the other hand, desire for a masculine partner and perceived mate value are variables worthy of further exploration.

Perceived Risk of Contracting HIV. Perceived risk of contracting HIV is defined as "the likelihood or probability of exposing one's self, and potentially contracting, the human immunodeficiency virus" (Schrager, Latkin, Weiss, Kubicek, Kipke, & 2014, p. 327). Recently, more studies have been conducted analyzing gay men's perception of contracting HIV. A recent study found that younger gay men (ages 18-24), including Black gay men, are significantly more likely to talk about HIV risk and condom use than older gay men (Eisenberg, 2011). Eisenberg (2011) conducted 34 in depth interviews and found that while young gay men engage in

conversations regarding HIV, they rarely perceived themselves to be at risk of contracting the virus. This flawed notion may translate into unproductive conversations about HIV, instead of gay men actually asking about a partner's status, disclosing their own status, or encouraging use of a condom. Therefore, the following hypotheses are proffered:

H1a: There is a positive relationship between perceived risk of contracting HIV and willingness to ask a partner to use a condom.

H1b: There is a positive relationship between perceived risk of contracting HIV and willingness to ask a partner's HIV status.

H1c: There is a positive relationship between perceived risk of contracting HIV and willingness to disclose one's own HIV status.

HIV Knowledge. HIV knowledge can be defined as possessing accurate information including symptoms, methods of contraction and transmission. The majority of research surrounding HIV knowledge has been linked to risk (Bird et. al, 2010); but, there is an incredible disconnect between level of HIV knowledge and risky sexual behaviors (Harman, O'Grady, & Wilson, 2009). Harman and colleagues (2009) found that individuals do not utilize objective judgment when deciding to ask about HIV status. Concurrently, the CDC (2013) argues that accurate knowledge and HIV education is one of the single most effective tools to mitigating transmission. Moreover, previous research found that increased HIV knowledge is positively correlated with desire for partner to use a condom (Hoff & Wilson, 2012). Therefore, the following hypotheses are proffered:

H2a: There is a positive correlation between level of HIV knowledge and willingness to ask a partner to use a condom.

H2b: There is a positive correlation between level of HIV knowledge and willingness to ask a partner's HIV status.

H2c: There is a positive correlation between level of HIV knowledge and willingness to disclose one's own status.

Perceived Trust. Trust can be defined as a "belief by a person in the integrity of another individual," (Phillips et al., 2011, p. 47). Although not often included in HIV-related research, perceived trust could be a dangerous factor contributing the HIV epidemic in the Black gay community. When examining HIV prevention and condom use, Thorburn, Harvey, and Ryan (2010) found that Blacks reported monogamy and condom use as the most effective and commonly used strategies for disease prevention. However, condom use was not considered necessary when one "knows" their sexual partners. The researchers noted that a "stronger endorsement of the 'known partners' heuristic' was negatively associated with measures of condom use and pregnancy prevention behavior" (p. 339). In other words, this study revealed that Blacks are more likely to wear condoms when engaging in sexual behavior with lesser-known partners due to the lack of perceived trust. On the other hand, when a connection is established, the rate of condom use is dramatically decreased due to the perception of "mutual monogamy" (Thorburn et al., 2010, p. 341). The researchers further explained that this is a dangerous behavior because the sexual partners *may not be* in committed relationships; partners simply perceive this to be true. Many these individuals are engaging in sexual intercourse, sometimes unprotected, with multiple partners (Thorburn et al., 2010). Simultaneously, each partner believes they are the exclusive partner, eliciting a skewed perception of trust and monogamy (Thorburn et al., 2010). Due to this flawed perception, which is typically held by both partners, conversations prompting condom use and HIV disclosure rarely occur. Eisenberg (2011) found that the gay men he interviewed failed to acknowledge the fact that their sexual partners could have other partners. Therefore, the men failed to see the importance of asking their partner's HIV status since they believe they were the only partner. Therefore, the following hypotheses are proffered:

H3a: There is a negative relationship between perceived trust and willingness to ask a partner to wear a condom.

H3b: There is a negative relationship between perceived trust and willingness to ask a partner's HIV status.

H3c: There is a positive relationship between perceived trust and willingness to disclose one's own HIV status.

Desire For Masculine Partners. The Black community is plagued by the desire to be overtly masculine or the concept of "hyper masculinity," (Harvey et al., 2008, p. 16). Moreover, the drive to be hyper masculine is directly linked to one's sexual encounters. Many Black men have sexual intercourse with multiple partners as a means to prove their blackness and masculinity (Harvey, 2008). Miller (2005) further explained this phenomenon. Her study, which featured interviews with 21 Black men who lived in inner cities, found that many Black gay men yearn to retain their self-esteem and perceived condoms to be emasculating as they maintain the belief that "real men take risks" (p. 127). Because of this, it can be argued that the desire for a masculine partner in the Black gay community may lead to increased rates of unprotected anal intercourse, which is known to be a high-risk behavior for contracting HIV. Moreover, asking a partner his HIV status could be perceived as worrying about risk, which could discredit one's masculinity. Therefore, the following hypotheses are proffered:

H4a: There is a negative relationship between desire for a masculine partner and willingness to ask a partner to use condom.

H4b: There is a negative relationship between desire for a masculine partner and willingness to ask a partner's HIV status.

H4c: There is a negative relationship between desire for a masculine partner and willingness to disclose one's own HIV status.

Perceived Mate Value. There is a huge void regarding how sexual partners' perceived value could impact Black gay men's condom use. Research has found relationships between mate value and condom use for heterosexual men. A study that coded the responses of 172 single

heterosexual African-American men found increased level of mate value was positively correlated with positive reactions to condom negotiation tactics (Otto-Salaj et al., 2010). On the other hand, the study also discovered that higher levels of perceived mate value were negatively correlated with one's own desire to use a condom. In other words, the men did not have negative reactions when asked to wear a condom by a valued partner, but were not motivated to initiate condom use.

Mate value and its impact on HIV communication in the gay community has been minimally researched. The few studies that exist discuss mate value in terms of committed, main partner relationships. For example, Bird and Voisin (2013) concluded that increased level of mate value is positively correlated with HIV disclosure for those in a long-term relationship. Conversely, the study concluded that elevated levels of perceived mate value were negatively correlated for casual sexual partners. Therefore, the following hypotheses are proffered:

> *H*5a: *There is a negative correlation between perceived mate value and willingness to ask partner to use a condom.*
>
> H5b: *There is a negative correlation between perceived mate value and willingness to ask partner's HIV status.*
>
> H5c: *There is a negative correlation between perceived mate value and willingness to disclose one's own HIV status.*

Method

Participants

The desired sampling frame was compromised of self-identifying Black gay men over the age of 18. An a priori power analysis indicated 64 participants were needed ($\alpha = .05$; Power (1-ß) = .80; $\rho = .3$; Faul, Erdfelder, Lang, & Buchner, 2007). The survey was started by 114 respondents, but the screening question "how do you describe your race and sexual orientation?" resulted in 25 of these respondents not meeting the necessary criteria for the study. Thirty-one respondents started the survey, but did not complete more than four scales; their data was deleted. The final sample consisted of 58 participants who self-identified as Black gay men and completed the survey. The average participant was almost 32 years old ($M = 31.84$, $SD = 8.24$), with ages ranging from 18 to 50. Participant educational attainment ranged from completion of high school to attainment of a Doctorate degree. Seven participants had completed high school, 10 had completed some college credit, seven had received an Associate's degree, 17 had received a Bachelor's Degree, six completed a Master's degree, one completed a Professional degree, and two had obtained a Doctorate. Income also ranged within the sample. Eight participants reported a household income of less than $20,000, 13 reported earnings between $20,000- $39,999, five reported earnings between $40,000- $59,999, six reported earnings between $60,000- $79,999, 10 reported earnings between $80,000- $99,999, five reported earnings over $100,000, and 11 participants did not disclose their income.

When asked about their current sexual relationship, 29 participants indicated that they had a main sexual partner and 28 indicated a casual sexual partner, and one participant did not indicate partner type. Participants were also asked questions regarding HIV status and testing.

Twenty-one participants reported being HIV positive, 33 reported being HIV negative, and four were unsure of their HIV status.

Procedures

Approval for the study was obtained from the Marshall University Institutional Review Board before data collection began (Appendix A). Prior to distribution of the final survey, a panel of three Black gay men and a scholar with expertise in HIV and health communication examined the face validity of the questionnaire. An online survey method was used to collect responses from a double minority population that is extremely difficult to reach. Data was collected from February 5, 2014 through March 8, 2014.

The survey used snowball sampling. Participants were actively recruited in a variety of ways. First, a solicitation message was posted to listservs of academic organizations, such as the National Communication Association and National Forensic Association (Appendix B). Second, a solicitation message was sent out to advisors and presidents of various LGBTQ and Diversity student organizations across the country (Appendix C) . Additionally, multiple blogs that have a large Black gay male following were contacted and asked if they would post the link to their website. A solicitation message was also sent out 32 organizations via social media such as Facebook. Finally, the link was posted on the "Community: Volunteers," section of Craigslist for eight different cities weekly over the course of the study (Appendix D). All participants receiving the survey were asked to forward it to others in their network that might be interested in participating. To motivate participation, potential respondents were offered the opportunity to enter a raffle for a $100 Amazon gift card.

The survey was administered online through Qualtrics and took approximately 20 minutes to complete (Appendix E). The first page of the survey provided participants with the

title, IRB approval information, and asked whether participants self-identified as Black gay men. If they did not meet the necessary criteria, they were redirected to a page thanking them for their interest. After the screening question, the survey asked current HIV status and sexual partner classification. The survey focused on three dependent variables of interest: willingness to ask a partner to wear a condom, willingness to ask a partner's HIV status, and willing to disclose one's own HIV status. Five variables were examined for their potential relationship to the dependent variables: perceived trust of sexual partner, perceived risk of HIV, HIV knowledge, reported desire for a masculine partner, and perceived mate value. Thereafter, participants were asked their HIV status and basic demographic questions. At the end of the survey, participants were invited to participate in a raffle for a $100 Amazon gift card by leaving their e-mail address. Finally, participants were thanked for their time and contributions.

Instrumentation

Willingness to ask partner to use a condom. Willingness to ask a partner to use a condom was measured using a modified version of the original Condoms Barriers Scale (Calsyn et al., 2010). Participants indicated how likely they would be to ask their partner to use a condom, even if there were negative consequences for the relationship. Participants responded to eight different contextual items using a 7-point Likert scale that ranged from strongly disagree to strongly agree. Example questions included: "I would still suggest to my partner that we use a condom even if he might end the relationship," and "I would still suggest we use a condom even if my partner thinks it is a sign of distrust." The scale was reliable ($\alpha = .98$, $M = 5.43$, $SD = 1.70$).

Willingness to ask partner's HIV status. Willingness to ask a partner's HIV status was collected using a scale that mirrored the willingness to ask a partner to wear a condom scale (Calsyn et. al, 2010). Participants were asked to indicate how likely they would be to ask a partner's HIV status, even if there were negative consequences for the relationship. Participants responded to eight different contextual items using a 7-point Likert scale that ranged from strongly disagree to strongly agree. Example questions included: "I would still ask my partner's HIV status even if he thinks I am putting him down and insulting him," and "I would still ask my partner's HIV status even if he might get angry." The scale was reliable ($\alpha = .95$, $M = 6.10$, $SD = 1.11$).

Willingness to disclose one's own HIV status. Willingness to disclose one's own HIV status was collected using a scale that mirrored the willingness to ask partner's HIV status (Calsyn et al., 2010). Participants were asked to indicate how likely they would be to disclose their own HIV status, even if there were negative consequences for the relationship. Participants responded to eight different contextual items using a 7-point Likert scale that ranged from strongly disagree to strongly agree. Example questions included: "I would still disclose my HIV status to my partner even if my partner might get angry" and "I would still disclose my HIV status even if my partner might end the relationship." The scale was reliable ($\alpha = .96$, $M = 5.31$, $SD = 1.09$).

Perceived Trust. Perceived trust of sexual partner was measured using items from Larzelere and Huston's (1980) dyadic trust scale. Participants responded to seven items using a 7-point Likert scale that ranged from strongly disagree to strongly agree. Example questions included: "I feel I can trust my partner completely" and "My partner is perfectly honest and truthful with me." The scale was reliable ($\alpha = .81$, $M = 4.12$, $SD = 1.05$).

Desire for Masculine Partner. Desire for a masculine partner was measured with a scale developed for this study. The scale was designed by isolating typical masculine traits (Heilburn, 1976). A panel of three experts assessed face validity of the scale prior to its use. Participants were asked to indicate how desirable eight prototypically masculine traits were in a sexual partner. Participants responded to the eight items using a 7-pointLikert scale that ranged from strongly disagree to strongly agree. Example traits included: aggressive, athletic, and willing to take risks. The scale was reliable ($\alpha = .82$, $M = 5.02$, $SD = 1.01$).

Perceived HIV Risk. Perceived HIV risk was measured with a scale previously used in HIV risk research, which focused on how one's fear of contracting HIV correlated with their perceived risk level (Newcomb & Mustanki, 2013). Participants were asked to indicate their risk of contracting HIV by responding to four items using a 7-point Likert scale that ranged from strongly disagree to strongly agree. Example questions include: "I am at risk for contracting the HIV virus," and "I expose myself to HIV." The scale was reliable ($\alpha = .88$, $M = 4.10$, $SD = 1.87$).

HIV Knowledge. Participants' knowledge regarding HIV was measured using Carey and Schroeder's (2002) HIV Knowledge Questionnaire. This questionnaire was designed to measure HIV knowledge as it relates to risk for contraction and transmission. Participants responded to 15 statements about HIV. For each statement, participants were asked to indicate if the statement was true, false, or that they did not know the answer. Sample statements included: "Pulling out the penis before a man ejaculates keeps a man from getting HIV;" "Showering, or washing one's genitals after sex keeps a person from getting HIV;" and "A person will NOT get HIV if he is taking antibiotics." Each participant's score was calculated by summing correct responses. Reliability was assessed using Guttman's split-half coefficient. The scale was reliable ($\alpha = .823$, $M = 9.83$, $SD = 4.09$).

Perceived Mate Value. Perceived mate value was measured with a scale developed for this study. Previous research was used to identify qualities gay men look for in a sexual partner (Li & Kenrick, 2006). Positive declarative statements were constructed with the theoretically most valued traits. Participants responded to six items using a 7-point Likert scale that ranged from strongly disagree to strongly agree. Example questions included: "I have sex with successful men," and "I have sex with good-looking men." The scale was reliable ($\alpha = .93$, $M = 5.68$, $SD = 1.21$).

Partner Type. Participants were asked to report their current type of sexual partner and asked to keep that partner in mind while answering the questionnaire. Partners were classified as being either main partners or casual partners (Rosengard, 2006). A main partner was defined as someone who you have sex with and that you are serious about. A casual partner was defined as someone you have sex with.

Demographics. First, participants were asked "how would you describe your race and sexual orientation?" Next, participants were asked, "What is your current HIV status?" In addition to this, participants provided educational attainment data by answering the question, "What is the highest degree or level of school you have completed?" Average income was also accessed by prompting the respondents to "Please provide your annual household income. If you are uncertain, please give your best guess." Finally, participants were asked, "How old are you?"

Results

Series of one-tailed Pearson product-moment correlations were conducted to test the hypotheses using the data from all respondents. Post-hoc correlational analysis was also conducted to examine how HIV status and sexual partner type changed the nature of relationships between the examined variables.

Perceived risk for contracting HIV was hypothesized to be positively correlated with willingness to ask a partner to use a condom (1a), willingness to ask a partner's HIV status (1b), and willingness to disclose one's own HIV status (1c). Correlational analysis revealed a non-significant correlation between perceived HIV risk and willingness to ask a partner to use a condom, $r(55) = .183$, $p > .05$. Similarly, there was a non-significant correlation between perceived HIV risk and willingness to ask a partner's HIV status, $r(55) = -.174$, $p > .05$. Finally, there was a non-significant correlation between perceived HIV risk and willingness to disclose one's own HIV status, $r(54) = -.134$, $p > .05$. This set of hypotheses was not supported.

Post-hoc analysis was then conducted taking HIV status into account. For HIV negative men, correlational analysis revealed no correlation between perceived HIV risk and willingness to ask a partner to use a condom, $r(32) = -.029$, $p > .05$. Perceived HIV risk was also not significantly correlated with willingness to ask a partner's HIV status, $r(32) = -.234$, $p > .05$. Similarly, perceived HIV risk was not significantly correlated with willingness to reveal one's own HIV status, $r(32) = -.199$, $p > .05$. For HIV positive men, analysis revealed a non-significant correlation between perceived HIV risk and willingness to ask a partner to use a condom, $r(19) = .334$, $p > .05$. Perceived HIV risk was not correlated with willingness to ask a partner's HIV status, $r(19) = -.003$, $p > .05$. Finally, perceived HIV risk was not correlated with willingness to reveal one's own HIV status, $r(18) = -.009$, $p > .05$.

Post-hoc analysis was then conducted taking sexual partner type into account. For men with a main sexual partner, analysis revealed a significant, positive correlation between perceived HIV risk and willingness to ask a partner to use a condom, $r(28) = .373$, $p < .05$. Results also revealed a significant, negative correlation between perceived HIV risk and willingness to ask a partner's HIV status, $r(28) = -.383$, $p < .05$. Perceived HIV risk was not significantly correlated with willingness to reveal one's own HIV status, $r(26) = -.288$, $p > .05$. For men with a casual sexual partner, analysis revealed no correlation between perceived HIV risk and willingness to ask partner to use a condom, $r(26) = .065$, $p > .05$. Perceived HIV risk was not correlated with willingness to ask a partner's HIV status, $r(26) = .031$, $p > .05$. Perceived HIV risk was also not correlated with willingness to reveal one's own HIV status, $r(27) = -.007$, $p > .05$.

HIV knowledge was hypothesized to be positively correlated with willingness to ask a partner to use a condom (2a), willingness to ask a partner's HIV status (2b), and willingness to disclose one's own HIV status (2c). Analysis revealed no correlation between HIV knowledge and willingness to ask a partner to use a condom, $r(47) = .176$, $p > .05$. There was a significant, positive correlation between HIV knowledge and willingness to ask a partner's HIV status, $r(46) = .627$, $p < .001$. HIV knowledge was also significantly, positively correlated with willingness to reveal one's own HIV status, $r(48) = .564$, $p < .001$. Hypothesis 5b and 5c were supported.

Post-hoc analysis was then conducted taking HIV status into account. For HIV negative men, analysis revealed a non-significant correlation between HIV knowledge and willingness to ask a partner to use a condom, $r(28) = .260$, $p > .05$. Conversely, there was a significant, positive correlation between HIV knowledge and willingness to ask a partner's HIV status, $r(27) = .559$, $p < .001$. Moreover, HIV knowledge was significantly, positively correlated with willingness to

reveal one's own HIV status, $r(28) = .580$, $p < .001$. For HIV positive men, analysis revealed a non-significant correlation between HIV knowledge and willingness to ask a partner to use a condom, $r(15) = .297$, $p > .05$. HIV knowledge and willingness to ask a partner's HIV status were significantly, positively correlated, $r(15) = .797$, $p < .001$. HIV knowledge was also significantly, positively correlated with willingness to reveal one's own HIV status, $r(16) = .661$, $p < .01$.

Post-hoc analysis was then conducted taking sexual partner type into account. For men with a main sexual partner, analysis revealed a non-significant correlation between HIV knowledge and willingness to ask a partner to use a condom, $r(24) = -.201$, $p > .05$. There was a significant, positive correlation between HIV knowledge and willingness to ask a partner's HIV status, $r(24) = .819$, $p < .001$. Similarly, HIV knowledge was significantly, positively correlated with willingness to reveal one's own HIV status, $r(24) = .671$, $p < .001$. For men with a casual sexual partner, correlational analysis revealed a significant, positive correlation between HIV knowledge and willingness to ask partner to use a condom, $r(22) = .658$, $p < .001$. HIV knowledge was also significantly, positively correlated with willingness to ask a partner's HIV status, $r(21) = .653$, $p < .001$. Moreover, HIV knowledge was also significantly, positively correlated with willingness to reveal one's own HIV status, $r(23) = .768$ $p < .001$.

Perceived trust was hypothesized to be negatively correlated with willingness to ask a partner to wear a condom (H3a), and willingness to ask a partner's HIV status (H3b). Hypothesis 3c, however, posited that perceived trust would be positively correlated with willingness to disclose one's own HIV status. Analysis revealed no correlation between perceived trust and willingness to ask a partner to use a condom, $r(55) = .037$, $p > .05$. There was, however, a significant, positive correlation between perceived trust and willingness to ask a partner's HIV

status, $r(55) = .287$, $p < .03$. Similarly, perceived trust was significantly, positively correlated with willingness to reveal one's own HIV status, $r(54) = .327$, $p < .01$. Only Hypotheses 1c was supported.

Post-hoc analysis was then conducted taking HIV status into account. For HIV negative men, analysis revealed no correlation between perceived trust and willingness to ask a partner to use a condom, $r(31) = .058$ $p > .05$. On that same note, perceived trust was not significantly correlated with willingness to ask a partner's HIV status, $r(31) = .167$, $p > .05$. Lastly, perceived trust was not significantly correlated with willingness to reveal one's own HIV status, $r(31) = .122$, $p > .05$. For HIV positive men, correlational analysis revealed a significant, positive correlation between perceived trust and willingness to ask partner to use a condom, $r(20) = .059$, $p < .05$. Perceived trust was not significantly correlated with willingness to ask a partner's HIV status, $r(20) = .380$, $p > .05$. There was, however, a significant positive correlation between perceived trust and willingness to reveal one's own HIV status, $r(19) = .525$, $p < .01$.

Post-hoc analysis was then conducted taking sexual partner type into account. For men with a main sexual partner, analysis revealed a non-significant correlation between perceived trust and willingness to ask a partner to use a condom, $r(28) = -.275$, $p > .05$. There was a significant, positive correlation between perceived trust and willingness to ask a partner's HIV status, $r(28) = .663$, $p < .001$. Perceived trust was also significantly, positively correlated with willingness to reveal one's own HIV status, $r(26) = .773$, $p < .001$. For men with a casual sexual partner, analysis revealed a non-significant correlation between perceived trust and willingness to ask a partner to use a condom, $r(26) = .215$, $p > .05$. Perceived trust was significantly, positively correlated with willingness to ask a partner's HIV status, $r(26) = .247$, $p < .05$. There

was also a significant, positive correlation between perceived trust and willingness to reveal one's own HIV status, $r(27) = .176$, $p < .05$.

Desire for a masculine partner was hypothesized to be negatively correlated with willingness to ask a partner to use a condom (4a), willingness to ask a partner's HIV status (4b), and willingness to disclose one's own HIV status (4c). Analysis revealed a significant, positive correlation between desire for a masculine partner and willingness to ask a partner to wear a condom, $r(55) = .241$, $p < .05$. Desire for a masculine partner was also significantly, positively correlated with willingness to ask a partner's HIV status, $r(54) = .321$, $p < .01$. Moreover, there was a significant, positive correlation between desire for a masculine partner and willingness to disclose one's own HIV status, $r(56) = .434$, $p < .001$. The set of hypotheses was not supported.

Post-hoc analysis was then conducted taking HIV status into account. For HIV negative men, analysis revealed a significant, positive correlation between desire for a masculine partner and willingness to ask a partner to use a condom, $r(33) = .427$, $p < .01$. Desire for a masculine partner was also significantly, positively correlated with willingness to ask a partner's HIV status, $r(32) = .190$, $p > .05$. There was also a significant, positive correlation between desire for a masculine partner and willingness to reveal one's own HIV status, $r(33) = .431$, $p < .01$. For HIV positive men, analysis revealed a non-significant correlation between desire for a masculine partner and willingness to ask a partner to use a condom, $r(18) = .199$, $p > .05$. Desire for a masculine partner was significantly, positively correlated with willingness to ask a partner's HIV status, $r(18) = .501$, $p < .05$. And, desire for a masculine partner was significantly, positively correlated with willingness to reveal one's own HIV status, $r(19) = .504$, $p < .05$.

Post-hoc analysis was then conducted taking sexual partner type into account. For men with a main sexual partner, analysis revealed a non-significant correlation between desire for a

masculine partner and willingness to ask a partner to use a condom, $r(27) = -.213$, $p > .05$. Desire for a masculine partner was also not significantly correlated with willingness to ask a partner's HIV status, $r(27) = .211$, $p > .05$. Similarly, desire for a masculine partner was not significantly correlated with willingness to reveal one's own HIV status, $r(27) = .211$, $p > .05$. For men with a casual sexual partner, analysis revealed a significant, positive correlation between desire for a masculine partner and willingness to ask partner to use a condom, $r(27) = .530$, $p < .01$. Moreover, there was a significant, positive correlation between desire for a masculine partner and willingness to ask a partner's HIV status, $r(26) = .432$, $p < .05$. Likewise, desire for a masculine partner was significantly, positively correlated with willingness to reveal one's own HIV status, $r(28) = .527$, $p < .01$.

Perceived mate value was hypothesized to be negatively correlated with willingness to ask a partner to use a condom (5a), willingness to ask a partner's HIV status (5b), and willingness to disclose one's own HIV status (5c). Analysis revealed a non-significant correlation between perceived mate value and willingness to ask a partner to use a condom, $r(44) = .155$, $p > .05$. There was a significant, positive correlation between perceived mate value and willingness to ask a partner's HIV status, $r(44) = .410$, $p < .01$. There was also a significant, positive correlation between perceived mate value and willingness to reveal one's own HIV status, $r(45) = .258$, $p < .05$. This set of hypotheses was not supported.

Post-hoc analysis was then conducted taking HIV status into account. For HIV negative men, analysis revealed no correlation between perceived mate value and willingness to ask a partner to use a condom, $r(26) = .068$, $p > .05$. Perceived mate value was also not significantly correlated with willingness to ask a partner's HIV status, $r(26) = .182$, $p > .05$. And, perceived mate value was not correlated with willingness to reveal one's own HIV status, $r(26) = -.005$, $p >$

.05. For HIV positive men, analysis revealed a non-significant correlation between perceived mate value and willingness to ask a partner to use a condom, $r(14) = .424$, $p > .05$. There was, however, a significant, positive correlation between perceived mate value and willingness to ask a partner's HIV status, $r(14) = .815$, $p < .001$. Finally, perceived mate value was significantly, positively correlated with willingness to reveal one's own HIV status, $r(15) = .721$, $p < .001$.

Post-hoc analysis was then conducted taking sexual partner type into account. For men with a main sexual partner, analysis revealed a non-significant correlation between perceived mate value and willingness to ask a partner to use a condom, $r(22) = -.278$, $p > .05$. Perceived mate value was also not significantly correlated with willingness to ask a partner's HIV status, $r(22) = .064$, $p > .05$. Similarly, perceived mate value was not correlated with willingness to reveal one's own HIV status, $r(22) = .066$, $p > .05$. For men with a casual sexual partner, correlational analysis revealed a significant, positive correlation between perceived mate value and willingness to ask partner to use a condom, $r(21) = .687$, $p < .001$. Second, perceived mate value was significantly, positively correlated with willingness to ask a partner's HIV status, $r(21) = .770$, $p < .001$. Lastly, perceived mate value was significantly, positively correlated with willingness to reveal one's own HIV status, $r(22) = .458$, $p < .05$.

Discussion

One in four Black gay men will be HIV positive by age 25, and 60 percent will have contracted the virus by age 40 (CDC, 2013; Stover, 2012). The initial explanation for this epidemic was predicated on the colloquial belief that Black gay men engage in unprotected anal intercourse more often than others groups, but research has repudiated this assertion. Dense, homogenous sexual networks are believed to be a major contributing factor to unparalleled transmission rates; if so, communication within these networks about HIV status and condom use is essential for fighting the epidemic. Yet there is a dearth of research on how Black gay men communicate about condom use and HIV status. Therefore, this study explored how perceived risk, HIV knowledge, perceived trust, desire for a masculine partner, and perceived mate value influenced three important HIV risk-reducing communicative behaviors: willingness to ask partner to wear a condom, willingness to ask a partner's HIV status, and willingness to disclose one's own HIV status.

Summary of Results

Perceived HIV risk was hypothesized to positively influence willingness to ask partner to use a condom, willingness to ask a partner's HIV status, and willingness to disclose one's own HIV status. No correlation was found between perceived HIV and any of the three dependent variables.

HIV knowledge was hypothesized to positively influence willingness to ask partner to use a condom, willingness to ask a partner's HIV status, and willingness to disclose one's own HIV status. Analysis revealed no relationship between HIV knowledge and willingness to ask their partner to use a condom. HIV knowledge was, however, significantly correlated with willingness to ask their partner's HIV status, and willingness to reveal one's own HIV status.

Perceived trust in sexual partner was hypothesized to influence willingness to ask a partner to wear a condom, ask a partner's HIV status, and disclose one's own HIV status. Analysis revealed no relationship between perceived trust and willingness to ask a partner to wear a condom or willingness to ask a partner's HIV status. There was, however, a positive correlation between perceived trust and willingness to disclose one's own HIV status. Post hoc analysis revealed a logical caveat to this finding: for HIV negative men, there was no relationship between perceived trust and disclosing one's own HIV status; for HIV positive men, trust and disclosure were highly correlated. Moreover, partner type mattered. For casual partners, no significant correlations were reported between perceived trust and the three dependent variables. Conversely, perceived trust was positively correlated with willingness to ask a partner's HIV status and willingness to disclose one's own status.

Desire for a masculine partner was hypothesized to positively influence willingness to ask a partner to use a condom, willingness to ask a partner's HIV status, and willingness to disclose one's own HIV status. While there was no relationship for condom use, desire for a masculine partner was positively correlated with willingness to ask a partner's HIV status as well as willingness to disclose one's own HIV status. Again, partner type mattered. Whereas no relationship between the variables was found for men reporting on a main partner, there were significant, positive correlations between desire for a masculine partner and all three dependent variables when respondents had a casual partner.

Finally, perceived mate value was hypothesized to positively influence willingness to ask a partner to use a condom, willingness to ask a partner's HIV status and willingness to disclose one's own HIV status. There was no correlation between perceived mate value and willingness to ask partner to use a condom or willingness to reveal one's own HIV status. Conversely,

perceived mate value was positively correlated with willingness to ask their partner's HIV status. Again, partner type mattered. Whereas no relationship between the variables was found for men reporting on a main partner, there were significant, positive correlations between perceived mate value and all three dependent variables when respondents had a casual partner. Additional nuances emerged when comparing HIV positive and HIV negative men. Whereas no relationship between the variables was found for HIV negative men, there were significant, positive correlations between perceived mate value and willingness to ask partner's HIV status, as well as willingness to disclose one's own status for HIV positive men.

Implications

Results of this study demonstrate that some psychological and social factors were related to these men's willingness to ask their partner's HIV status and reveal their own HIV status. None of the variables of interest, however, had a strong relationship with requesting condom use. This lack of reported willingness to ask a partner to use a condom reveals a clear disconnect: many in the community are aware of the possibility of contracting HIV, but do not take proactive steps to protect themselves. Why? Analysis revealed that the Black gay men in this sample do not perceive themselves to be at risk for contracting HIV despite statistics indicating the virus is rampant in the community. Perceived HIV risk did not influence respondents' willingness ask their partner to use a condom or willingness to ask their partner's HIV status. Moreover, trust in sexual partner did not influence willingness to ask a partner to wear a condom or willingness to ask HIV status. Overall, the men in this study were generally not motivated by perceived risk, trust, or mate value to ask their partner to use a condom, ask their partner's HIV status, or reveal their own HIV status.

Many public health efforts have focused on increasing HIV knowledge with the hope that education would change behavior. In this sample, HIV knowledge was not related to asking a partner to use a condom, but was highly correlated with asking and disclosing HIV status. These results suggest that lack of HIV knowledge is not the problem; instead, a lack of perceived risk likely decreased motivation for safer sexual decisions in this sample. An encouraging exception was the significant correlation between knowledge and condom use for men in casual relationships, as multiple sexual partners is a known risk factor for HIV.

Critical differences emerged when examining the data by sexual partner type and HIV status. Results of this analysis suggest that taking these variables into consideration is crucial when examining communication about condom use and HIV. Those in charge of creating campaigns to combat HIV rates in Black gay men should consider segmenting their target public to account for the unique circumstances of men with main versus casual partners. Moreover, results of this investigation suggest that the factors that influence condom requests and the factors that influence status disclosure are different. Practitioners may want to consider separate messaging strategies for each of these important communicative behaviors.

A number of hypotheses were not supported despite being grounded in previous research. That said, the hypotheses were constructed based on literature with a heteronormative bias. As previously discussed, Black gay men operate in a world of being a double minority. Unique cultural norms and values of this group have not been reflected in previous research, making it difficult to formulate accurate predictions.

Overall, these findings should arguably impact HIV-related interventions and health communication campaigns. Most importantly, the findings suggest that initiatives designed to educate the Black gay community on HIV transmission have been very effective; however, this

education is not translating to motivation. Those in charge of creating campaigns to combat HIV in Black gay men must emphasize the importance of condom use as a means of protecting one's self from contracting HIV. In short, campaigns need to shift rhetorically from HIV education to an increased focus on condom use.

Limitations

The biggest limitation to this analysis is the small convenience sample. Despite multiple e-mails and requests, it was incredibly difficult to solicit responses for this survey. In fact, it can be argued that researching the Black gay community requires funding as a means to gather quantitative data. Although correlational analysis is often impervious to small sample size, the results of the post hoc analysis are reliant on a very small group of men. The inability to generalize the results of this study highlights the need for larger, random studies of this population.

In addition to the small sample size, the survey design may have limited this study. First, survey relied on self-reporting, which could have skewed the results. This is especially true when dealing with taboo issues such as sexual intercourse and HIV. Participants may have operated in a utopian world, answering how they think they should answer instead of recalling actual experiences. Moreover, the survey did not utilize many open-ended questions, which allow for more vivid and in-depth responses. In turn, these responses can be used as a catalyst for further research.

Third, the history effect may have played a significant role in limiting the responses of the sample. During the time the survey was rolled out, multiple studies and news stories were out that revealed the prevalence of data mining. In other words, various media outlets articulated instances where computer information was gathered to expose various personal traits, including

sexual orientation. Because of this and the stigma still associated with homosexuality in the Black community, some participants may have feared being "outed" by their responses.

Future Research

More research is needed several key areas if there is any hope to combat the HIV epidemic in the Black gay community. From a public health perspective, campaigns need to be initiated to educate Black gay men on their actual risk of contracting HIV. Analysis revealed that knowledge is not the problem, it is risk perception. On that same note, these campaigns must continue to reinforce the importance of condom use as a means to protect against HIV. In short, it is not enough to simply know about HIV, the community must take steps to combatting the issue. The most significant research gap is related to sexual networks in the Black gay community. Multiple studies have revealed the importance of dense sexual networks, but very few studies, if any, tap into these sexual networks to better understand the means of condom and HIV communication between Black gay men.

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Appendix A: Letter From Institutional Research Board

www.marshall.edu

Office of Research Integrity
Institutional Review Board 401
11th St., Suite 1300 Huntington, WV 25701
FWA 00002704
IRB1 #00002205
IRB2 #00003206

November 15, 2013

Jill Underhill, Ph.D. Communication Studies Department

RE: IRBNet ID# 532759-1

At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Underhill:

In accordance with 45CFR46.101(b)(2), the above study and informed consent were granted Exempted approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Designee for the period of 12 months. The approval will expire November 15, 2014. A continuing review request for this study must be submitted no later than 30 days prior to the expiration date.

This study is for student Deion Hawkins.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/ Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

Appendix B: Solicitation Message

Participants are being recruited for "Communication About HIV in the Black Gay Community," a research study designed to analyze how black, gay men communicate about HIV within intimate interactions. Participants will have the option of entering a raffle for a $100 Amazon Gift Card at the end of the survey. The study is being conducted by Dr. Jill C. Underhill and Mr. Deion Hawkins from Marshall University and has been approved by the Marshall University Institutional Review Board (IRB). This survey is comprised of questions about attitudes, behaviors, and willingness to communicate about HIV with sexual partners and will take approximately 20 minutes to complete. Replies will be anonymous. Participants will have the option of entering a raffle for a $100 Amazon Gift Card at the end of the survey.

Please click here to begin the survey:

https://marshall.az1.qualtrics.com/SE/?SID=SV_9sGl2LDla9Zf1Zz

Thanks
Deion S. Hawkins
Graduate Assistant at Marshall University

Appendix C: List of Solicited Organizations

AIDS Project Los Angeles
Association of Black Students at Washington University
Black AIDS Advisory Council
Black AIDS Institute
Black Health Matters
Black Student Alliance at Brown University
Black Student Alliance at Duke University
Black Student Alliance at Georgia State University
Black Student Alliance at Georgetown University
Black Student Alliance at Wake Forest University
Black Students Association at Columbia University
Black Student Association at Pepperdine University
Black Student Union at Stanford University
Black Student Union at Temple University
Black Student Union at University of Houston
BlkOut: Queer Students of Color Organization at University of Louisville
Cascade Blog (http://cascadehu.tumblr.com/)
CDC: Testing Makes Us Stronger
Cleveland Office Of Minority Health
Coalition For Queer People Of Color (CQPOC) at University of Michigan
Color CoordiNATION Student Organization at University Of Minnesota
Edugaytion Blog (http://www.edugaytion.com/)
Gay & Lesbian Alliance Against Defamation
Gay Mens' Health Crisis
Gay Straight Student Alliance At Winston State University
Gay Straight Student Alliance at Norfolk State University
Greater than AIDS Organization
GLBT Aggies Student Organization at Texas A&M
Harvard Black Student Association
Human Rights Campaign
hurlber3@msu.edu (President of LGBT organization at Michigan State University)
Institute For Sexual Minority Health
Inside Jamari Fox Blog
Living Out Loud With Darian Blog (http://loldarian.blogspot.com/)
lkrauss@memphis.edu (advisor for LGBTQ organization at University of Memphis)
MAKU Black Cultural Association at University Of Pennsylvania
Morehouse College Safe Space
Mused Magazine Blog (http://www.musedmagonline.com/)
National Association for The Advancement Of Colored People
National Black Justice Coalition

National Black Leadership Commission on AIDS
National Forensic Association Student Page
National Gay & Lesbian Chamber Of Commerce New York
National Gay and Lesbian Task Force
National HIV Testing Centers Of America
Organization Of Black Students at University Of Chicago
Psi Phi Omega Fraternity
PRIDES (LGBTQ organization at University of Central Florida)
Queer Student Alliance at The University Of Texas At Austin
Rainbow Soul: LGBT Organization at Morgan State University
San Francisco AIDS Project
SHADES (LGBTQ of color student organization at The Ohio State University)
SHANTI: Black Student Alliance at University Of Virginia
The Black Student Movement at University Of North Carolina-Chapel Hill
The Body: Complete HIV/AIDS Resources
The mpowerment project
The Fury Blog (http://sofurious.com/)
The National Office Of Minority Health
The Stigma Project: Fighting To Be HIV Neutral
This IS A Commentary Blog (http://thisisacommentary.tumblr.com/)
UC Lesbian, Gay, Bisexual, Transgender, Intersex Association at University Of California, San Fransisco University of San Francisco Black Student Union
Young Black Gay Mens' Leadership Initiative

Appendix D: List of Cities Solicited on Craigslist

Atlanta, Georgia
Chicago, Illinois
Detroit, Michigan
Los Angeles, California
Miami, Florida
New York, New York
San Francisco, California
Washington, D.C.

Appendix E: Official Copy Of Questionnaire

Instructions

You are invited to participate in a research project entitled "Communication About HIV in the Black Gay Community" designed to analyze how black, gay men communicate about HIV within intimate interactions. The study is being conducted by Dr. Jill C. Underhill and Mr. Deion Hawkins from Marshall University and has been approved by the Marshall University Institutional Review Board (IRB). This research is being conducted as part of the thesis requirements for Mr. Deion Hawkins.

This survey is comprised of questions about attitudes, behaviors, and willingness to communicate about HIV with sexual partners and will take approximately 20 minutes to complete. Your replies will be anonymous, so do not type your name anywhere on the form. There are no known risks involved with this study. Participation is completely voluntary and there will be no penalty or loss of benefits if you choose to not participate in this research study or to withdraw. If you choose not to participate you may close the survey window. You may choose to not answer any question by simply leaving it blank. Once you complete the survey you can delete your browsing history for added security. Completing the on-line survey indicates your consent for use of the answers you supply. If you have any questions about the study or in the event of a research related injury, you may contact Dr. Jill Underhill at 304-696-3013 or Mr. Deion Hawkins at 304-696-5293.

If you have any questions concerning your rights as a research participant you may contact the Marshall University Office of Research Integrity at (304) 696-4303. By completing this survey you are also confirming that you are **18** years of age or older.

Participants will have the option of entering a raffle for a $100 Amazon Gift Card at the end of the survey.

How would you describe your race and sexual orientation?
I am a black, gay man.
I am not a black, gay man

What is your current HIV Status?
HIV positive
HIV negative
Not Sure

Please select your current sexual relationship using the following criteria.
Main Partner- someone who you have sex with and that you are serious about.
Casual Partner- someone who you have sex with and that you are serious about. This person can be someone who you had sex with once, a few time or on an on-going basis
Main partner
Casual Partner

With your current sexual relationship in mind, please answer the following questions.

Do you ever use condoms in your current sexual relationship?
Never
Almost Never
Occasionally/Sometimes
Almost Every Time
Every Time

Please indicate how likely you would be to ask your partner to use a condom under the following circumstances:

(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I would still suggest to my partner that we use a condom even if he might end the relationship.

I would still suggest we use condoms even if my partner doesn't want us to.

I would still suggest we use a condom even if my partner thinks it is a sign of distrust.

I would still suggest we use a condom even if my partner thinks it is a sign of me cheating on him.

I would still suggest we use a condom even if my partner thinks it is a sign of me accusing him of cheating.

I would still suggest we use a condom even if it turned my partner off and he loses interest in sex.

I would still suggest we use a condom even if my partner might get angry.

I would still suggest my partner use a condom even if he thinks I am putting him down and/or insulting him.

Have you asked your current sexual partner about his HIV status?

- Yes
- No

Please indicate how likely you would be to ask your partner's HIV status under the following circumstances:

(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I would still ask my partner's HIV status even if he might end the relationship.

I would still ask my partner's HIV status even if he didn't want me to.

I would still ask my partner's HIV status even if he thinks it is a sign of distrust.

I would still ask my partner's HIV status even if my partner thinks it is a sign of me cheating on him.

I would still ask my partner's HIV status even if he thinks it is a sign of me accusing him of

cheating.

I would still ask my partner's HIV status even if it turned him off and causes him to lose interest in sex.

I would still ask my partner's HIV status even if he might get angry.

I would still ask my partner's HIV status even if he thinks I am putting him down and/or insulting him.

Have you disclosed your HIV status to your current sexual partner?

Yes

No

Please indicate how likely you would be to disclose your HIV status under the following circumstances.

(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I would still disclose my HIV status even if my partner might end the relationship.

I would still disclose my HIV status even if my partner didn't want me to.

I would still disclose my HIV status even if my partner thinks it is a sign of distrust.

I would still disclose my HIV status even if my partner thinks it is a sign of me cheating on him.

I would still disclose my HIV status even if my partner thinks it is a sign of me accusing him of cheating.

I would still disclose my HIV status even if it turned my partner off and causes him to lose interest in sex.

I would still disclose my HIV status my partner even if my partner might get angry.

I would still disclose my HIV status to my partner even if my partner thinks I am putting him down and/or insulting him.

With your current sexual partner in mind, please respond to the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

My partner is primarily interested in his own welfare.

There are times when my partner cannot be trusted.

My partner is perfectly honest and truthful with me.

I feel that I can trust my partner completely.

My partner is truly sincere in his promises.

I feel that my partner does not show me enough consideration.

My partner treats me fairly and justly.

I feel that my partner can be counted on to help me.

Please indicate how desirable these traits are when pursuing a sexual partner.
(Not at all important, Low importance, Slightly important, Neutral, Moderately Important, Very Important, Extremely Important)

Aggressive

Assertive

Athletic

Dominant

Independent

Masculine

Strong personality

Willing to take risks

Please indicate how you perceive your risk of contracting HIV.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I am at risk for contracting the HIV virus.

It is possible for me to contract HIV.

I expose myself to HIV.

I am in danger of contracting HIV.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

Getting HIV is a punishment for bad behavior.

I would think less of myself if I had HIV.

I would understand if people rejected my friendship because I had HIV.

I would not date a person if I knew he had HIV.

I feel afraid to be around people with HIV.

If I had HIV, I would feel like I don't deserve respect.

I would not drink from the same fountain as someone with HIV.

If people knew thought I had HIV, they would feel uncomfortable around me.

People with HIV should be ashamed of themselves.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

My friends show little concern for AIDS education.

My friends don’t know about safe sex.

My friends don’t practice safe sex.

My friends don’t think safe sex is important.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

Getting HIV is a punishment for bad behavior.

I would think less of myself if I had HIV.

I would understand if people rejected my friendship because I had HIV.

I would not date a person if I knew he had HIV.

I feel afraid to be around people with HIV.

If I had HIV, I would feel like I don't deserve respect.

I would not drink from the same fountain as someone with HIV.

If people knew thought I had HIV, they would feel uncomfortable around me.

People with HIV should be ashamed of themselves.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

If I take the right steps, I can avoid getting the HIV virus.

My own behavior determines whether I get the HIV virus.

If it's meant to be, I will get the HIV virus.

More than anything else, chance determines whether I get the AIDS virus.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I feel that I am a person of worth, at least on an equal place with others.

I feel that I have a number of good qualities.

All in all, I am inclined to feel that I am a failure.

I am able to do things as well as most other people.

I feel I do not have much to be proud of,

I take a positive attitude toward myself.

On the whole, I am satisfied with myself.

I wish I could have more respect for myself.

I certainly feel useless at times.

At times, I think I am no good at all

For each statement, please answer "true," "false," or "I don't know."

Coughing and sneezing DO NOT spread HIV.

A person can get HIV by sharing a glass of water with someone who has HIV.

Pulling out the penis before a man ejaculates keeps a man from getting HIV.

A man can get HIV if he has anal sex with another man.

Showering, or washing one's genitals after sex keeps a person from getting HIV.

People who have been infected with HIV quickly show serious signs of being infected.

There is a vaccine that can stop adults from getting HIV.

People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.

A natural skin condom works better against HIV than does a latex condom.

A person will NOT get HIV if he is taking antibiotics.

Having sex with more than one partner can increase a person's chance of being infected with HIV.

Taking a test for HIV one week after having sex will tell a person if he has HIV.

A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.

A person can get HIV from oral sex.

Using Vaseline or baby oil with condoms lowers the chance of getting HIV.

When engaging in sexual activity, I prefer to be the _____ partner
Insertive
Receptive
I enjoy both equally.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I like wild "uninhibited" sexual encounters.

I have made promises I did not mean to keep to get a person to have sex with me.

I enjoy having anal intercourse without a condom.

I enjoy the company of "sensual" people.

I enjoy watching "X rated" videos.

I have said things that were not exactly true to get a person to have sex with me.

I am interested in trying out new sexual experiences.

I feel like exploring my sexuality.

I like new and exciting sexual experiences and sensations.

Please indicate your agreement with the following statements.
(Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)

I have sex with attractive men.

I have sex with good-looking men.

I have sex with motivated men.

I have sex with successful men.

I have sex with masculine men.

I have sex with strong men.

How often do you consume recreational substances like alcohol or marijuana prior to sexual intercourse?
Never
Almost Never
Sometimes
Almost Every Time
Every Time

What is the highest degree or level of school you have completed?
Less than High School
High School
Some College Credit
Associate's Degree
Bachelor's Degree

Master's Degree
Professional Degree beyond a bachelor's degree (MD, DDS, JD)
Doctorate degree (for example: PhD)

Please provide your annual household income. If you are uncertain, please give your best guess.
Less than $20,000

$20,000- $39,999

$40,000- $59,999

$60,000- $79,999

$80,000- $99,999

over $100,000

I prefer not to disclose

How old are you?

When was your last HIV test?

1-3 months ago

4-7 months ago

7-12 months ago

Over a year ago

If you would like to enter a raffle for a $100 Amazon Gift Card, please type in your e-mail address below. If selected as the winner of the raffle, the gift card will be sent electronically to this e-mail address. Your e-mail address will not be associated with your responses or used for any other purpose.

Please forward this survey to your network. We thank you for your time and assistance.

Appendix F: Correlation Matrix

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Condom Use	1.00													
2. Partner Status	.517	1.00												
3. Own Status	.470*	.791*	1.00											
4. Trust	.037	.287*	.327*	1.00										
5. Masculinity	.241	.321*	.434*	.028	1.00								.	
6. Risk	.183	-.174*	-.134	-.252	.489*	1.00								
7. Stigma	.079	-.317*	-.117	.012	.420*	.592*	1.00							
8. Peer Norms	-.063	-.258	-.176	-.093	.218	.432	.567	1.00						
9. Efficacy	.208	.306*	.361*	.146	.439*	.270	.141	-.025	1.00					
10.Locus Of Control	-.073	.322*	.258	.004	-.326*	-.614*	-.732*	-.677*	-.118	1.00				
11. Self Esteem	.268	.442*	.599*	.471*	.501*	.132	.256	.034	.582*	-.064	1.00			
12. Sensation Seeking	-.073	.106	.202	-.041	.585*	.540*	.386*	.374*	.438*	-.420*	.396*	1.00		
13. Mate value	.155	.410*	.258	.157	.600*	.353*	.202	.292	.490*	-.254	.567*	.668*	1.00	
14. HIV Knowledge	.176	.627*	.564*											