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Feeling Good in Your Own Skin: The Influence of Complimentary Sexual Stereotypes on Risky Sexual Attitudes and Behaviors in a Community Sample of African American Women

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Abstract

Although negative racial stereotypes may affect the mental and physical health of African Americans, little research has examined the influence of positive or complimentary racial stereotypes on such outcomes. More specifically, this study explored the relationship between African American women's endorsement of complimentary stereotypes about their sexuality (CSS) and attitudes/behaviors that have been associated with sexual risk. Data were gathered from 206 African American women as part of the Black Women in the Study of Epidemics project (B-WISE). Multivariate regression models were used to examine associations between women's endorsement of CSS and selected sex-related attitudes and behaviors. Participants' endorsement of CSS was significantly positively associated with beliefs that having sex without protection would strengthen their relationship ($B = .28$, $SE = .10$, $p < .01$) and that they could use drugs and always make healthy choices about using protection ($B = .31$, $SE = .09$, $p < .01$). Significant positive associations were also found between CSS and the number of casual sexual partners women reported in the past year ($B = .29$, $SE = .15$, $p = .05$) and their willingness to have sex in exchange for money or drugs during that time ($B = .78$, $OR = 2.18$, $p < .05$). These findings suggest that endorsement of CSS by African American women can lead to increased risk behavior, particularly relating to possible infection with HIV or other sexually transmitted infections (STI).

Overview

African American women experience higher risks than white women for a myriad of adverse health conditions (Airhihenbuwa and Liburd, 2006; McSweeney, O'Sullivan, Cleves, Lefler, and Cody, 2010; Webb, 2012). Principal among these are HIV and other types of sexually transmitted infections (STI) (Anderson and Smith, 2003). One reason that African American women may have a higher risk for contracting HIV or other STIs is that awareness of negative racial and gender stereotypes may lead to engagement in risky sexual behaviors as a means of coping (Ong and Edwards, 2008; Thomas and Gonzalez-Prendes, 2009; Williams, Neighbors, and Jackson, 2003). However, some research has suggested that stereotypes which could be considered positive or "complimentary" (Czopp and Monteith, 2006) may also have implications for African American's sexual health (Peterson, Wingood, DiClemente, Harrington, and Davies, 2007). The current study explored the relation between endorsement of complimentary stereotypes associated with African American sexuality (CSS) and attitudes and behaviors that are associated with sexual risk in a community sample of African American women living in Kentucky.

African American Women, Health, and Sexually Transmitted Infection

The fact that African American women bear disproportionate health risk is well documented (Airhihenbuwa and Liburd, 2006; Hoyert, Kung, and Smith, 2005; Lau, Yin, and Mok, 2006; McSweeney, O'Sullivan, Cleves, Lefler, and Cody, 2010; Webb, 2012). Although conditions such as heart disease and hypertension receive a substantial portion of media attention, perhaps the largest and most immediate health risk for African American women involves infection with HIV/AIDS and other STIs. Nationally, HIV/AIDS has been recognized as a public health epidemic in the African American community. In a survey conducted by the Centers for Disease Control and Prevention in 2009, African Americans, as a group, made up 14% of the population of the United States but accounted for 44% of all new HIV infections that year (CDC, November 2011). HIV/AIDS is the number one cause of death among African American women aged 25–34 years (Anderson and Smith, 2003). The disease is spreading the most quickly in this age group and particularly among those African Americans living in the South (DeCarlo and Reznick, 2009). For example, in Kentucky, African Americans account for approximately 7% of the state's population but represent about 30% of all AIDS cases (KY Surveillance Report, 2004). Also, for African American females, the AIDS prevalence rate is approximately 13 times higher than that for white females living in the state (KY Surveillance Report, 2004).

Negative Stereotypes, Disadvantage, and the Importance of Relationships

To understand the disproportionate health, and particularly sexual, risk born by African American women, consideration must first be given to factors associated with the socio-cultural context in which they live. In southern states, such as Kentucky, African American women experience stigma based on negative stereotypes of both their gender and their race (Lichtenstein, 2003; Wingood, Hardin, DiClemente, Peterson, Mikhail, Hook, McCree, Sang, and Davies, 2007). They are often the targets of sexism coupled with overt forms of racial prejudice and discrimination (Greer 2011). As a result of these factors, it is more difficult for African American women to complete their education, find work, and successfully navigate the health care system (Logan, Cole, and Leukefeld, 2002). They are also more likely to report feelings of powerlessness and alienation, perhaps as a result of experiencing these disparities (Bethea-Whitfield, 2005; Thomas and Gonzalez-Prendes, 2009).

Ultimately, the culminated experience of these circumstances may lead to a greater reliance by African American women on the support of others (Kiecolt, Hughes, and Keith, 2008).

Strong family and community relationships are well acknowledged in their importance within African American culture and have been linked to better health outcomes in this group, particularly during times of uncertainty or stress (Kiecolt, Hughes, & Keith, 2008). However, some research has shown that African American women experiencing distress may tend to seek out less healthy types of attachment, often in the form of risky sexual relationships (Foreman, 2003; Jones, 2004). Although these relationships may serve an initial purpose by providing women with opportunities for affiliation and access to resources (Jones, 2004), unequal power dynamics inherent within them may raise the likelihood that a woman chooses to engage in risky sexual behaviors such as having unprotected sex at the request of a partner, using drugs during sex, or trading sex for money or other favors (Havens, Leukefeld, Oser et al., 2009; Jones, 2004; Pulerwitz, Amaro, DeJong, Gortmaker, and Rudd, 2002).

The Relation of Stereotypes to Self-Concept

Although media portrayals of African American women have become more diversified, and the average socioeconomic status of African Americans has slowly increased, issues of prejudice and discrimination still affect how African Americans perceive themselves (Devine and Elliot, 1995; Greer, 2011). For example, feeling that they may not match certain broader cultural conceptions of success or beauty, African American women may shun more traditional or individualistic standards of achievement in favor of more collectivistic focus (Hunter and Joseph, 2010; Steele, 1997). Indeed compared to White women, African American women tend to base their self-worth less on domains such as scholastic achievement, job status, physical attractiveness, or maintaining others' approval and more on internally evaluated domains, such as close relationships and religion (Crocker, Luhtanen, Cooper, and Bouvrette, 2003; Crocker and Park, 2004; Crocker and Wolfe, 2001). Although this movement away from certain domains of self-definition may serve a protective function in the short-term, limiting one's self-concept as a result of being the target of unwanted stereotypes may ultimately prove detrimental. For example, to avoid validating unwanted stereotypes related to characteristics such as intelligence or work ethic, African American women may avoid situations such as job interviews, taking standardized tests, and participating in class discussions in which their competence is evaluated publicly (Keller, 2002; Kellow and Jones, 2005; Smith, 2004; Steele & Aaronson, 1995; Steele, Spencer, and Aaronson, 2002). In addition, anxiety related to the potential for confirming unwanted stereotypes may actually degrade performance in these and other important areas (Keller, 2002; Kellow and Jones, 2005; Smith, 2004; Steele & Aaronson, 1995; Steele, Spencer, and Aaronson, 2002). Ultimately, limited engagement and reduced achievement in domains that are the focus of stereotypical beliefs may force African American women to define themselves through activities deemed more culturally acceptable.

Complimentary Stereotypes and Beliefs About African American Sexuality

To this point we have focused on how negative racial stereotypes and resulting disadvantage may influence African American women's self-concept and decisions to engage in risky health behaviors. However, it is important to note that not all stereotypes regarding African Americans are negative. For example, in relation to certain highly regarded traits such as athleticism, rhythmic/musical ability, and sexuality, African Americans are often perceived as having greater skill or quality than other racial groups (Czopp and Monteith, 2006; Devine and Elliot, 1995; Katz & Haas, 1998; Melendez, 2008). Although acknowledging competency in these domains could provide a boost in self-worth for individuals looking to self-enhance, endorsement of complimentary racial stereotypes such as these may actually be just as psychologically harmful as those which are more overtly derogatory (Melendez, 2008). Consistent with this notion, Czopp and Monteith (2006) found that African

American's endorsement of positive or "complimentary" stereotypes related to athleticism, musical ability, and sensuality/sexuality were not enhancing, but rather associated with feelings of anxiety, pressure, and even perceived prejudice or discrimination. It should be noted that the term "complimentary" is used to mean positive or flattering as opposed to offsetting as in the case of male and female stereotypes which may be complimentary to one another.

Although somewhat counter-intuitive, these findings are relevant for understanding sexual risk in African American women. While stress, anxiety, and disadvantage arising from negative racial stereotypes may be related to African American women seeking out risky sexual relationships, those who have more completely endorsed complimentary sexual stereotypes may be at a higher risk of engaging in unhealthy sexual behavior once they are involved in such relationships. Stated differently, greater endorsement of CSS may foster the belief in certain African American women that engaging in risky sexual behavior such as having sex with multiple casual/overlapping partners, having sex without using protection, trading sex for money, drugs, or other favors within a romantic relationship is not only acceptable, but also a part of cultural identity. Although having protected sex may not be considered a risk behavior in all cases, many studies have shown that engaging in sexual activity with multiple partners, regardless of the use of protection, is associated with an increased likelihood of contracting a sexually transmitted disease and greater health risk (Dunkle, Wingood, Camp, and DiClemente, 2010; Robinson, Scheltema, and Cherry, 2005). Therefore, number of casual/overlapping sexual partners is discussed as an important indicator of sexual risk.

The Current Study

Negative racial stereotypes may affect physical and mental health in African Americans (Penner, Dovidio, Edmonson, Dailey, Markova, Albrecht, and Gaertner, 2009); however, we are aware of no research that has examined the influence of complimentary racial stereotypes on such outcomes. Therefore, the purpose of this study was to explore the relationship between endorsement of complimentary stereotypes regarding African American's sexuality and attitudes and behaviors that have been associated with sexual risk in a community sample of African American women from a southern state.

Methods

Sample and Recruitment

Data for this study were collected from a community sample of 206 African American women living near a metropolitan area of Kentucky as part of the Black Women in The Study of Epidemics (B-WISE) study, which examined health risk and health behavior in African American women. Advertisements describing an African American women's health study were posted in woman-specific local magazines as well as at various shops and public transportation access points throughout the area. Interested women were instructed to call the study office using a toll free contact number. Women who called were screened over the phone for eligibility. The requirements for eligibility were that a participant be over 18 years of age, racially self-identify as African American, and have no current/ongoing criminal justice involvement. Appointments were then scheduled with eligible participants to provide signed and written consent and subsequently complete a structured, private interview regarding their health behaviors with research staff. A total of 269 individuals were screened, with 248 of those deemed eligible. Of the 248 individuals who were eligible, 206 (83.1%) agreed to participate and completed interviews.

Procedure

All study procedures were approved by the Institutional Review Board, and research staff was trained in administering surveys. Due to the sensitive nature of the material contained in the survey, participants were assured that their responses would be kept confidential and protected by a Certificate of Confidentiality from the U.S. Department of Health and Human Services. Surveys were administered using Computer Assisted Personal Interview (CAPI) software by trained female African American interviewers. Information covered in the surveys included socio-demographic characteristics and attitudes/behaviors regarding sexual relationships. Respondents who completed the two-hour survey were compensated \$20 for their time.

Measures of Independent Variables

Demographic characteristics—Six variables were included. Participants' marital and employment status were indicated dichotomously (0=no, 1= yes). Total personal income in the past year was measured using nine categories (0= \$0 – \$4,999, 1=\$5000–\$9,999, 2= \$10,000–14,999, 3=\$15,000–19,999, 4=\$20,000–29,999, 5=\$30,000–39,999, 6=\$40,000–49,999, 7=\$50,000–74,999, 8=\$75,000 or more). Age, years of education, and number of children were each measured as continuous variables.

Complimentary sexual stereotypes—The 5-item Complimentary Sexual Stereotypes Subscale of the Multidimensional Racial Attitudes Scale (Czopp and Monteith, 2006) was used to measure the extent to which participants endorsed complimentary stereotypes concerning African American sexuality. Sample items are: “Black men and women give off an aura of sexuality,” and “Black people have a unique quality of sexuality that most white people don't have.” Responses were made on a seven-point Likert-type scale, ranging from “*Strongly Disagree*” to “*Strongly Agree*.” The five items were summed and averaged to create a single continuous measure ranging from 0 to 6 with higher scores indicating greater belief that sexuality is a positive and unique characteristic of African Americans. Item average was used instead of total score so that results of the multivariate regression analyses could be interpreted within the framework of the response anchors of the scale (i.e., a seven-point continuum ranging from “*Strongly Disagree*” to “*Strongly Agree*.”). In addition, averaging is a linear transformation and does not affect the pattern of significance that would be found using a total score method. Reliability of the subscale was modest ($\alpha = .73$). In addition to using exploratory and confirmatory factor analyses to validate the scale across six samples ($N = 4404$), Czopp and Monteith (2006) found that the scale demonstrated appropriate patterns of convergent and discriminant validity with other measures of racial attitudes.

Measures of Dependent Variables

Risky sexual attitudes—The 12-item Reducing Risky Relationships Thinking Myths Scale (RRR-TMS; Staton-Tindall, Leukefeld, Palmer et al., 2007) was used to measure the extent to which individuals felt that engaging in sexual risk or other illicit behaviors affected the status of their relationship with their partner. This scale was developed as part of the University of Kentucky's Reducing Risky Relationships for HIV (RRR-HIV) Protocol as part of the National Institute on Drug Abuse (CJ-DATS) agreement. Sample items are “Having sex without protection will strengthen my relationship,” and “I only think good things about myself when I am in a relationship, even if it is a risky relationship.” Responses were made on a ten-point continuum ranging from “*Definitely True*” to “*Definitely Not True*.” For ease of interpretation, items 1, 2, 3, 5, 7, 8, 9, 10, and 11 were reverse coded such that higher scores on the RRR-TMS reflected riskier sexual attitudes. After reverse coding, the 12 items were summed and averaged to create a single continuous measure, ranging

from 0 to 10. Item average was used instead of total score so that results of the multivariate regression analyses could be interpreted within the framework of the response anchors of the scale (i.e., a ten-point continuum from “*Definitely True*” to “*Definitely Not True*”). In addition, averaging is a linear transformation and does not affect the pattern of significance that would be found using a total score method. Reliability of the RRR-TMS was modest ($\alpha = .61$). Mean scores on the RRR-TMS ranged from 4.0 to 10.0

Risky sexual behaviors—Participants’ reported number of casual partners in the past year, their frequency of condom use in the past year, and whether they traded sex for drugs, money, or other favors in the past year served as measures of risky sexual behavior (NIDA, 1995). Casual partners were defined as sexual partners (often concurrent) not considered by the participant to be primary relationship partners. Frequency of condom use was indicated using a four-point continuum ranging from “*Never*” to “*All the time*” where higher values indicating more frequent condom use. Whether or not participants had traded sex for drugs, money, or other favors was indicated dichotomously (i.e., 0=no, 1=yes).

Statistical Analyses

To examine relationships between independent and outcome variables, a series of intercorrelations were computed. Then, four dependent variables reflecting attitudinal and behavioral measures of sexual risk were analyzed using linear and binary logistic regression models, including beliefs about engaging in risky sexual behaviors/relationships, number of casual sexual partners, frequency of condom use, and trading sex for money, drugs, or favors. In each of these models, selected socio-demographic characteristics, as well as participants’ endorsement of complimentary sexual stereotypes, were entered simultaneously. All socio-demographic characteristics, along with the complimentary sexual stereotypes variable were entered into each multivariate model regardless of whether a significant relationship was observed between these variables and a particular outcome variable at the bivariate level to investigate whether the inclusion of socio-demographic characteristics along with the CSS variable altered the nature of the basic bivariate relationships observed in the correlation analysis, particularly as these socio-demographic characteristics have been associated with sexual risk in other studies (Deogan, Cnatingius, and Mansdotter, 2012; Lichtenstein, 2003; Nikula, Gissler, Jormanainen, Laanpere, Kunas, Haavio-Mannila and Hemminki, 2009; Setia, Jerajani, Brassard and Boivin, 2010).

In binary logistic models, categories corresponding to “not married” and “unemployed” served as reference groups for comparisons involving measures of marital and employment status, respectively. For each model, overall fit was assessed by examining the significance of the R-squared value. Possible interactions between socio-demographic variables and CSS were investigated but did not emerge as significant in any of the models. SPSS 20.0 was used for all analyses, and alpha error was set at .05.

Based on expectedly high associations between demographic characteristics, such as participants’ age, years of education, employment status, and income, Variable Inflation Factor (VIF) statistics were computed to assess the potential influence of multicollinearity on the stability of regression estimates obtained in these models. VIF statistics for all of these variables were acceptable (i.e., 1.0 – 1.6). Therefore, multicollinearity was not considered an issue.

Results

Participants had a mean age of 36.6 years. A majority reported being unmarried (87%) and having children (70%) (Table 1). Approximately 55% were employed either full or part-

time. Participants averaged 12.7 years of education. Eighty-two percent of participants reported making less than \$20,000 in the past year.

Correlations Among Variables

A series of intercorrelations were computed to examine bi-variate relationships between independent and outcome variables. Age was positively associated with risky sexual attitudes ($r = .14, p < .05$) (Table 2). Age was negatively associated frequency of condom use in the past year ($r = -.26, p < .01$). Being married was negatively associated with frequency of condom use ($r = -.19, p < .01$). Income was positively associated with risky sexual attitudes ($r = -.14, p < .05$). Complimentary sexual stereotypes were positively related to risky sexual attitudes ($r = .20, p < .01$) and trading sex for money, drugs, or favors ($r = .16, p < .05$). The number of casual partners that participants reported was positively related to their likelihood of trading sex for money, drugs, or favors ($r = .46, p < .01$)

Findings from Multiple Regression Models

Risky sexual attitudes—As indicated by the significance of the partial coefficient for the complimentary sexual stereotypes variable, a significant relationship between participants' endorsement of complimentary sexual stereotypes and their scores on the Risky Relationships Thinking Myths Scale did emerge ($B = .25, SE = .09, p = .01$) (Table 3). More specifically, individuals who endorsed complimentary sexual stereotypes also reported thoughts, attitudes, and beliefs about relationships that were consistent with more sexual risk. To investigate this finding in more detail, a second set of regression models was estimated in which items of the Risky Relationships Thinking Myths Scale were examined individually. More specifically, beliefs concerning having sex without protection to strengthen a relationship ($B = .28, SE = .10, p < .01$) and simultaneously using drugs and making good choices about protection ($B = .31, SE = .09, p < .01$) were both increased with participants' endorsement of complimentary sexual stereotypes. African American women's self-assessment of their HIV risk was only marginally associated with endorsement of complimentary sexual stereotypes ($B = .10, SE = .06, p = .15$). Age, marital status, number of children, years of education, and employment status were not related to participants' scores on the Risky Relationships Thoughts, Attitudes, and Beliefs Scale or to any of the individual items.

Number of casual partners—A significant relationship did emerge between participants' endorsement of complimentary sexual stereotypes and their number of casual sexual partners ($B = .29, SE = .15, p = .05$) (Table 4). More specifically, individuals who reported greater endorsement of complimentary sexual stereotypes also indicated having a greater number of casual partners. In this model, number of children was also positively associated with the number of casual sexual partners African American women reported having such that individuals reporting more children also reported having a greater number of casual sexual partners ($B = .19, SE = .09, p < .05$).

Frequency of condom use—A significant relationship between participants' endorsement of complimentary sexual stereotypes and frequency of condom use did not emerge (Table 5). However, significant relationships between age and marital status were found. More specifically, older ($B = -.01, SE = .01, p < .05$) and married ($B = -.25, SE = .10, p < .05$) women reported using condoms less than did younger and single women.

Trading sex for money, drugs, or favors—A significant relationship was found between endorsement of complimentary sexual stereotypes and participants' likelihood of trading sex for money, drugs, or favors ($B = .78, OR = 2.18, p < .05$) (Table 6). More specifically, results of this analysis suggested that participants who endorsed complimentary

sexual stereotypes to a greater extent were also over two times more likely to report trading sex for money, drugs, or favors.

Discussion

African American women experience significant health disparities. Principal among these are sexual risk and HIV. Previous research has shown that the perception of negative racial stereotypes, as well as experiences of racism and prejudice, have the potential to enhance stress and to promote risky coping behaviors in African American women (Ong & Edwards, 2008; Thomas & Gonzalez-Prendes, 2009; Williams, Neighbors, & Jackson, 2003). However, little research has examined the relationship that endorsement of positive or “complimentary” racial stereotypes may have on risky sexual behaviors and attitudes about risky relationships.

Results of the multiple regression analyses in the current study showed that African American women’s endorsement of complimentary stereotypes regarding their sexuality was significantly associated with attitudes and behaviors known to influence sexual risk. More specifically, endorsing complimentary stereotypes regarding sexuality was positively related to African American women’s attitudes regarding the acceptability of having unprotected sex to strengthen a relationship and also using drugs and making good decisions about using protection. Endorsement of complimentary sexual stereotypes was associated with participants’ reports of having sex with a greater number of casual partners in the past year and engaging in sex exchange in the past year. No relationship was observed for participants’ patterns of condom use over that period.

Reducing Sexual Risk in African American Women

Because of their strong implications for health behavior, results of the current study suggest that care must be taken in promoting sexuality as a fundamental characteristic of African American identity. Overly sexualized characterizations of African American women in movies, magazines, and the music industry (e.g., rap videos) have the potential to reinforce further the “appropriateness” of sex as a means of garnering influence and status. For example, a study conducted by Peterson, Wingwood, DiClemente, Harrington, and Davies (2007) found that African American girls who recognized greater numbers of sexual stereotypes in rap music videos were also more likely to engage in risk behaviors such as binge drinking, smoking marijuana, having a negative body image, and having multiple sex partners. Thus, researchers and public health practitioners must consider the importance of sexuality to the cultural identity of African American women and girls, and should strive to develop prevention interventions aimed at HIV/STI risk behaviors that are tailored and culturally sensitive.

Although cultural beliefs and media portrayals are not easily changed, some research suggests that factors such as knowledge, training, and exposure to positive role models can help individuals who are the target of negative stereotypes alter the ways in which they define themselves (Brown and Josephs, 1999; Jones, 2008; Spencer, Josephs, and Steele, 1993). Health care systems and community outreach services working with African American women can provide services designed to promote health behaviors, continuing education, and enhancing basic job skills (Bingham, Ward, and Butler, 2006; Chepyator-Thompson, Russell, and Culp, 2007; Parra-Medina, Wilcox, Wilson, Addy, Felton, and Poston, 2009). In addition, the organization of community-based advocacy groups can help African American women create larger and more diverse social networks (Ajrouch, Reisine, Lim, Sohn, and Ismail, 2010; Tufts, Wessell, and Kearney, 2010; Vyavaharkar, Moneyham, Corwin, Saunders, Annang, and Tavakoli, 2010). Taken together, initiatives such as these can be used as examples of effective intervention strategies for African American women

that are purposive and tailored for the unique needs of this population. They may help African American women not only become less dependent on sexual relationships as a form of support, but also to develop self-concepts which are more differentiated and less likely to be influenced by negative stereotypes and pressure from others.

Socio-Demographic Findings

In addition to patterns found involving participants' endorsement of CSS, significant relationships did emerge in the multiple regression models between socio-demographic characteristics and risky sexual behaviors. Specifically, older women and married women were less likely to report using condoms than younger or single women. Number of children was also significantly positively related to the number of casual partners participants reported. Although not related specifically to endorsement of CSS, these findings are logical and consistent with patterns identified in previous studies. For example, older women and married women are more likely to have known their partners for a longer period of time than younger women or unmarried women. This difference in perceived familiarity may lead to the perception that condom use is less necessary (Cornielle, Zyzniewski, and Belgrave, 2008). Similarly, assuming some inconsistency in condom use, engaging in sexual intercourse more frequently has been shown to lead to higher odds for pregnancy (Valois, Oeltmann, Waller and Hussey, 1999) and may explain the positive association between the number of children and the number of partners women reported.

Limitations and Future Research

Although the current study provides important information regarding sexual behavior and health risk in a group of known vulnerability, it had limitations. First, this study collected self-reported data. Although great care was taken to ensure participant confidentiality and to help individuals feel comfortable while discussing sensitive topics, the possibility remains that persons actively involved in substance use and risky sex might have been hesitant to report the full extent of their illicit behavior. As a result, patterns of risk described in the current study may have been underestimated. Second, participants of this study were recruited primarily from more urbanized areas of Kentucky (i.e., Lexington area). As some regions of the United States are characterized by greater disparities in poverty and unemployment, as well as greater endorsement of gender and racial stereotypes, the influence of gender and racial/ethnic stereotypes in these areas may be more pronounced. Consequently, patterns of findings which emerged in the current study may not adequately represent relationships between sexual stereotypes and sexual risk for African American women living in less metropolitan areas of the South. Third, the study's design was cross-sectional in nature. This prohibited assessment of the temporal relation between attitudes and behaviors and assessment of changes in these variables over time. A final limitation of the current study concerns the modest level of reliability exhibited by the Complimentary Sexual Stereotypes Subscale and Reducing Risky Relationships Thinking Myths Scale. Measurement error and resulting misclassification could increase the likelihood of biased estimates concerning the strength and nature of relationships involving these variables. Therefore, care should be taken in interpreting these results and also in generalizing them beyond the current sample.

To address these issues, future studies may wish to examine the influence of complimentary sexual stereotypes across different geographical areas and multiple time points. In addition, the current study explored complimentary sexual stereotypes as they pertained exclusively to African American women's sexual risk. Future studies should also examine the health implications of other complimentary stereotypes regarding African Americans (i.e., athleticism), as well as how such attitudes might influence health behavior across gender.

Conclusion

Even with these limitations, findings from the present study suggest that understanding complimentary stereotypes pertaining to African American sexuality is important to assessing and mitigating sexual risk and HIV in African American women. Based on these results, providers and outreach programs who provide services for disadvantaged minority women should not only work to acknowledge racial stereotypes as an important factor affecting health, but also to incorporate interventions to effectively reduce their influence on risk behavior. By better tailoring health care services to the individual needs of high risk groups, providers can make treatment and prevention significantly more effective.

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Table 1

Descriptive Statistics (N=206)

| | Mean/% | SD | Minimum-Maximum |
|--|--------|------|-----------------|
| <i>Demographic Characteristics</i> | | | |
| Age (years) | 36.6 | 14.2 | 18.0 – 68.0 |
| % Single | 86.9 | N/A | 0.0 – 1.0 |
| Number of Children | 1.9 | 1.7 | 0.0 – 8.0 |
| Years of Education | 12.7 | 2.3 | 3.0 – 20.0 |
| % Employed in Past 6 Months | 55.3 | N/A | 0.0 – 1.0 |
| % Earning < \$20,000 in Past Year | 82.0 | N/A | 0.0 – 8.0 |
| <i>Sexual Risk Outcomes</i> | | | |
| Risky Relationships Thoughts, Attitudes, and Beliefs Scale | 7.7 | 1.2 | 4.0 – 10.0 |
| Number of Casual Sexual Partners in Past Year | 0.6 | 2.1 | 0.0 – 20.0 |
| Frequency of Condom Use w/Partners | 4.2 | 1.0 | 1.0 – 5.0 |
| % Traded Sex for Money/Drugs | 5.9 | N/A | 0.0 – 1.0 |

Table 2

Associations Among Variables (N=206)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|--|---------|---------|-------|--------|--------|------|--------|------|--------|-----|-----|
| 1. Age | 1.0 | | | | | | | | | | |
| 2. Marital Status [†] | .17* | 1.0 | | | | | | | | | |
| 3. Number of Children | .34*** | .28*** | 1.0 | | | | | | | | |
| 4. Years of Education | .08 | .01 | -.14* | 1.0 | | | | | | | |
| 5. Employment Status [†] | .02 | .09 | .02 | .22*** | 1.0 | | | | | | |
| 6. Income | .40*** | .15* | .15* | .34*** | .39*** | 1.0 | | | | | |
| 7. Comp. Sexual Stereotypes | -.05 | -.10 | .06 | .02 | .03 | .00 | 1.0 | | | | |
| 8. Risky Sexual Attitudes | .14* | .08 | .08 | .12 | .10 | .14* | .20*** | 1.0 | | | |
| 9. Number of Casual Partners | .07 | -.11 | .08 | -.05 | -.09 | -.12 | .14 | .01 | 1.0 | | |
| 10. Frequency of Condom Use | -.26*** | -.19*** | -.14 | .07 | .01 | -.09 | -.03 | -.03 | -.01 | 1.0 | |
| 11. Traded Sex for Money etc. [†] | .03 | -.10 | .08 | -.05 | -.07 | -.11 | .16* | -.02 | .46*** | .04 | 1.0 |

Note:

* $p < .05$,

*** $p < .01$.

[†] Point Bi-serial correlations were computed for associations involving variables which were scored dichotomously (i.e., 0 = no, 1 = yes).

Table 3

Multiple Linear Regression Model Summary for Risky Relationships Thoughts, Attitudes, and Beliefs (N=206)

| | B | SE | p |
|----------------------------------|----------|-----------|----------|
| Age (per year) | 0.01 | 0.01 | .28 |
| Married vs. single | 0.10 | 0.27 | .71 |
| Number of Children | 0.03 | 0.54 | .58 |
| Years of Education | 0.05 | 0.04 | .21 |
| Employed vs. unemployed | 0.16 | 0.19 | .40 |
| Income (per income category) | 0.03 | 0.06 | .66 |
| Complimentary Sexual Stereotypes | 0.25 | 0.09 | .01 |

Note: Model $R^2 = .09$, $p < .05$; Categories corresponding to *single* and *unemployed* were coded as 0 and served as reference groups while categories corresponding to *married* and *employed* were coded as 1. Total personal income in the past year was measured using nine categories (0= \$0 – \$4,999, 1=\$5000–\$9,999, 2=\$10,000–14,999, 3=\$15,000–19,999, 4=\$20,000–29,999, 5=\$30,000–39,999, 6=\$40,000–49,999, 7=\$50,000–74,999, 8=\$75,000 or more). Variables indexing age, number of children, years of education, and complimentary sexual stereotypes were treated as continuous.

Table 4

Multiple Linear Regression Model Summary for Number of Casual Sexual Partners (N=206)

| | B | SE | p |
|----------------------------------|----------|-----------|----------|
| Age (per year) | -0.01 | 0.01 | .38 |
| Married vs. single | -0.71 | 0.44 | .11 |
| Number of Children (per child) | 0.19 | 0.09 | .04 |
| Years of Education | 0.03 | 0.07 | .70 |
| Employed vs. unemployed | -0.24 | 0.32 | .45 |
| Income (per income category) | -0.10 | 0.09 | .31 |
| Complimentary Sexual Stereotypes | 0.29 | 0.15 | .05 |

Note: Model $R^2 = .07$, $p < .05$; Categories corresponding to *single* and *unemployed* were coded as 0 and served as reference groups while categories corresponding to *married* and *employed* were coded as 1. Total personal income in the past year was measured using nine categories (0= \$0 – \$4,999, 1=\$5000–\$9,999, 2=\$10,000–14,999, 3=\$15,000–19,999, 4=\$20,000–29,999, 5=\$30,000–39,999, 6=\$40,000–49,999, 7=\$50,000–74,999, 8=\$75,000 or more). Variables indexing age, number of children, years of education, income, and complimentary sexual stereotypes were treated as continuous.

Table 5

Multiple Linear Regression Model Summary for Frequency of Condom Use (N=206)

| | B | SE | p |
|----------------------------------|----------|-----------|----------|
| Age (per year) | -0.01 | 0.01 | .03 |
| Married vs single | -0.25 | 0.10 | .01 |
| Number of Children (per child) | 0.02 | 0.02 | .32 |
| Years of Education | 0.02 | 0.02 | .34 |
| Employed vs unemployed | 0.00 | 0.01 | .97 |
| Income (per income category) | -0.02 | 0.02 | .31 |
| Complimentary Sexual Stereotypes | 0.01 | 0.03 | .91 |

Note: Model $R^2 = .12$, $p < .05$; Categories corresponding to *single* and *unemployed* were coded as 0 and served as reference groups while categories corresponding to *married* and *employed* were coded as 1. Total personal income in the past year was measured using nine categories (0= \$0 – \$4,999, 1=\$5000–\$9,999, 2=\$10,000–14,999, 3=\$15,000–19,999, 4=\$20,000–29,999, 5=\$30,000–39,999, 6=\$40,000–49,999, 7=\$50,000–74,999, 8=\$75,000 or more). Variables indexing age, number of children, years of education, income, and complimentary sexual stereotypes were treated as continuous.

Table 6

Multiple Logistic Regression Model Summary for Trading Sex for Money/Drugs etc. (N=206)

| | B | OR | SE | CI |
|----------------------------------|----------|-----------|-----------|-----------|
| Age (per year) | 0.02 | 1.02 | 0.03 | 0.97–1.07 |
| Married vs single | 0.01 | 0.01 | 0.01 | 0.00–0.00 |
| Number of Children (per child) | 0.33 | 1.38 | 0.20 | 0.93–2.05 |
| Years of Education | 0.01 | 1.01 | 0.16 | 0.75–1.37 |
| Employed vs unemployed | 0.06 | 0.94 | 0.68 | 0.25–3.59 |
| Income (per income category) | –0.50 | 0.61 | 0.29 | 0.34–1.08 |
| Complimentary Sexual Stereotypes | 0.78* | 2.18* | 0.34 | 1.11–4.26 |

Note: 2 Log likelihood = 75.49; Model $\chi^2 = 15.91$, $p=.03$; Nagelkerke $R^2 = .21$;

* $p<.05$.

** $p<.01$ (two-tailed significance test).

Categories corresponding to *single* and *unemployed* were coded as 0 and served as reference groups while categories corresponding to *married* and *employed* were coded as 1. Total personal income in the past year was measured using nine categories (0= \$0 – \$4,999, 1=\$5000–\$9,999, 2=\$10,000–14,999, 3=\$15,000–19,999, 4=\$20,000–29,999, 5=\$30,000–39,999, 6=\$40,000–49,999, 7=\$50,000–74,999, 8=\$75,000 or more). Variables indexing age, number of children, years of education, income, and complimentary sexual stereotypes were treated as continuous.